Draft

State Plan on Aging

Under The Older Americans Act for

Washington State

For the Four Year Period

October 1, 2006 through September 30, 2010

Prepared and Published by the

Aging and Disability Services Administration

DSHS

Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

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INTRODUCTION

The Aging and Disability Services Administration (ADSA) is an administration of the Washington State Department of Social and Health Services (DSHS) and has been designated as the single state agency to administer federal programs under the Older Americans Act. In that capacity, ADSA has undertaken the development of this State Plan on Aging for the four-year period—October 1, 2006 through September 30, 2010. In the development of this plan, ADSA has reviewed and taken into consideration the Area Plans on Aging submitted by the state's Area Agencies on Aging as required by the Older Americans Act. The Plan will be reviewed and will be approved by the State Council on Aging in public session. The State Council on Aging is the advisory council appointed by the Governor as required by the Older Americans Act.

In 2002, DSHS realigned some of its divisions and Division of Developmental Disabilities was merged into Aging & Adult Services to become Aging and Disability Services Administration. The Aging and Disability Services Administration is organized into four divisions; **Home and Community Services Division, Residential Care Services Division, Division of Developmental Disabilities, and Management Services Division**. The division having main responsibility for administration of the State Plan on Aging and Older Americans Act funds is the **Home and Community Services Division (HCS).**

ADSA has been involved in the continuing discussion in this state regarding the provision of long-term care services and the subsequent development of a long-term care system. For purposes of this discussion, "long-term care" has been defined as a coordinated continuum of diagnostic, therapeutic, rehabilitative, supportive and maintenance services which addresses the health, social and personal care needs of individuals with a chronic illness or disability which limits their capacity for self-care. Services are designed to facilitate the maximum potential for personal independence. Services are provided in the environment most appropriate for the individual's assessed need and may be delivered for a relatively long and indefinite period.

It is within the context of this discussion that we present this State Plan on Aging.

VERIFICATION OF INTENT

This State Plan on Aging is submitted for the State of Washington for the period October 1, 2006 through September 30, 2010. The **Department of Social and Health Services** is the sole state agency designated to develop and administer the state plan. **Aging and Disability Services Administration** has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act. ADSA is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the state.

This plan includes all assurances, plans, provisions, and specifications to be made or conducted by the **Aging and Disability Services Administration** under provisions of the Older Americans Act, as amended, during the period identified.

This Plan is approved for the Governor by her designee Kathy Leitch, Assistant Secretary, Aging and Disability Services Administration, Department of Social and Health Services, State of Washington, and constitutes authorization to proceed with activities under the Plan upon approval by the Commissioner on Aging.

The State Plan on Aging as submitted has been developed in accordance with all federal statutory and regulatory requirements.

_____ _____

(Date) Kathy Leitch, Assistant Secretary, ADSA

ASSURANCES

Please Note: *Specific details are either given under the assurance in italics, in the following notes, or in an exhibit attached to the plan.*

The State Agency makes the following assurances, understanding that it must be able to substantiate each one.

Overall Compliance with Requirements

The State Agency agrees to administer the program in accordance with the Act, the State Plan and all applicable regulations, policies and procedures established by the Assistant Secretary or the Secretary, including those state plan assurances contained in Sections 305 and 307 of the Act.

Listing of State Assurances

Older Americans Act, As Amended in 2000

The State of Washington as part of its state plan does make and reaffirm the following assurances from the Older Americans Act as Amended through the year 2000.

Sec. 305(a)- (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area. *(Washington's Aging Network is composed of 13 AAA's, including two tribal AAAs)*

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan. *(There is a AAA Specialist from the SUA assigned to each AAA to be a conduit for such comments)*

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan. (*See Exhibit 8—Methods to Carry out Service Preference)*

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16). (*See Exhibit 8—Methods to Carry out Service Preference)*

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas. (*See Exhibit 8—Methods to Carry out Service Preference)*

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. (*Washington State is not a single planning and service area, this section does not apply.)*

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. *(Evidenced by review and approval of proposed Area Plan budgets and Fiscal Year 2005 Annual Report)*

(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. *(Required by Policy & Procedure Manual Chapter 1, Sections 4&5, and evidenced in review and approval of Area Plans and monitoring of programs according to risk assessment tool.)*

(4)(A)(ii) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will--
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. (*See Exhibit 8—Methods to Carry out Service Preference)*

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).
(*See Exhibit 8—Methods to Carry out Service Preference)*

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English-speaking ability; and
(VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);
and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. (*See Exhibit 8—Methods to Carry out Service Preference)*

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (*See Exhibit 8—Methods to Carry out Service Preference)*

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. *(AAAs in Washington provide case management for Title IXX in-home services)*

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. *(AP Budget Proposal reviewed and approved annually)*

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. *(See Exhibits 8, 8A, and 8B for Native American Outreach)*

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. *(Required in contract language)*

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship. *(Required in contract language)*

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. *(Required in contract language)*

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. *(Required in contract language)*

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. *(Required in contract language)*

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. *(Required in contract language)*

(15) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. *(Required in contract language)*

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract. *(Budget & Contracting support provided by Management Services Division)*

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. *(Established in DSHS Personnel Policies)*

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that

is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000. *(See above Sec.307, (7)(A))*

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs. (*See Exhibit 8—Methods to Carry out Service Preference)*

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. *(See Exhibit 6- State Elder Rights and Legal Assistance Development Program)*

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services. *(See Exhibit 6- State Elder Rights and Legal Assistance Development Program)*

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; *(See Exhibit 6, State Elder Rights and Legal Assistance Development Program)*

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. *(See Exhibit 6- State Elder Rights and Legal Assistance Development Program)*

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances

that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate. *(See Exhibit 7B- Protection of Vulnerable Adults)*

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State. *(A Program Manager within the SUA has been assigned as the State Unit on Aging's Legal Assistance Developer)*

(14) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. (*See Exhibit 8—Methods to Carry out Service Preference)*

(16) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(A) older individuals residing in rural areas;
(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;
(E) older individuals with limited English-speaking ability; and
(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance. (*See Exhibit 8—Methods to Carry out Service Preference)*

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities. *(AAAs in Washington provide case management for Title XIX in-home services)*

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. *(See above (17) and close coordination with Home & Community Services)*

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services. *(Asian Counseling & Referral Center, SeaMar Latino Senior I&A, and Chinese Information & Service Center are examples of minority providers supported through AAA subcontracts)*

(21) The plan shall
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities. *(See Exhibit 8A – DSHS American Indian Policy)*

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8). *(See Exhibit 8A - DSHS American Indian Policy))*

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and *(ADRC initiative is providing additional avenues of coordination with Veteran's Administration, Mental Health, Drug & Alcohol Services)*
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs. *(Foster Grandparents program and activities through Kinship Caregivers are examples)*

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance. *(See Exhibit 5 - The Washington Transportation Program Guidance for Older Americans Act (OAA) and Senior Citizens Services Act (SCSA) was updated in March 2006)*

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title. *(SUA monitors OAA and State funded programs; Quality Assurance Unit monitors Title XIX Case Management, see Exhibit 9 – Quality Control for In-Home Services)*

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. *(See Exhibit 1, Goal 4, Objective 6)*

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5). *(See AoA Goal #4, Description of Elder Abuse Services)*

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order. *(See AoA Goal #4, Description of Elder Abuse Services and Exhibit 7B – Protection of Vulnerable Adults)*

REQUIRED ACTIVITIES

Sec. 307(a), STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:
(A) evaluates, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year. (State Council on Aging is open to the public and meets monthly)*

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.
(Exhibit 4 - Grievance Policy was updated in March 2005)

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.
(See Exhibit 3 - Direct Services)

_____ _____

Kathy Leitch, Assistant Secretary — Date
Aging and Disability Services Administration

ADVISORY COUNCIL

The Washington State Council on Aging (SCOA) is established to serve as an advisory council to the Governor, the Secretary of DSHS and the office designated as the State Unit on Aging—Aging and Disability Services Administration. The Council is designated by the Governor to serve as the State Advisory Council to the State Unit on Aging with respect to federally funded programs as required by federal law and regulations.

The State Council is made up of one member from each state-designated planning and service area. The governor also appoints one member from the Association of Washington Cities and one member from the Washington State Association of Counties. In addition, the governor may appoint not more than five at large members, in order to ensure that rural areas (those areas outside of a standard metropolitan statistical area), minority populations, and those individuals with special skills which could assist the state council are represented.

The speaker of the house of representatives and the president of the senate each appoint two nonvoting members to the council; one from each of the two largest caucuses in each house.

Except for the association members, and the legislative members all shall be fifty-five years of age or older.

The State Council has the following functions and responsibilities:

- To serve in an advisory capacity to the Governor, the Secretary of DSHS and the State Unit on Aging on all matters pertaining to policies, programs and services affecting the quality of life of older persons, with a special concern for the low-income and frail elderly;
- To create public awareness of the special needs and potentialities of older persons;
- To provide for self-advocacy by older citizens of the state through sponsorship of training, legislative and other conferences, workshops and such other methods as may be deemed appropriate; and
- To keep currently informed of the needs of older persons which will include maintaining relationships with organizations involved in general senior interests.

ORGANIZATIONAL STRUCTURES

Aging and Disability Services Administration

The Aging and Disability Services Administration, part of the Department of Social and Health Services, is the Washington state agency that includes all social services except veterans and prisons. The Aging and Disability Services Administration assists

children and adults with developmental delays or disabilities, cognitive impairment, chronic illness and related functional disabilities to gain access to needed services and supports by managing a system of long-term care and supportive services that are high quality, cost effective, and responsive to individual needs and preferences.

The Administration is responsible for the Older Americans Act, Nursing facilities, Adult Family Homes, Boarding Homes including Assisted Living, Medicaid as it pertains to long-term care for seniors and adults without mental illness, persons of all ages with developmental disability, and state financed home and community long-term care programs.

Home And Community Services

This division of ADSA is responsible for developing and managing home and community care programs for disabled adults and older persons. The division is comprised of the following units;

State Unit on Aging

The State Unit on Aging performs the functions of area agency on aging oversight, administration of the OAA programs, writes policies and procedures for the Area Agencies on Aging, monitors the Area Agencies, develops innovative programs to expand recipient choice, and manages the employment, respite, Caregiver Support, Adult Day Health, Ombudsman, Health Screening, Nutrition, and volunteer programs for older persons. It also analyzes, develops, and monitors legislation affecting older and disabled persons.

Training, Communications and Development Unit

The Training, Communications and Development Unit develops rules and curriculum for community-based providers; contracts for and conducts training for staff; writes and publishes brochures on Long Term Care issues and develops new program initiatives.

Home and Community Programs Unit

The Home and Community Programs unit writes the policies and procedures for Home and Community services local offices. This section manages Adult Protective Services, Congregate Care Assessment/placement functions, Chore Services, Medicaid Personal Care and the Community Options Program Entry System (COPES) program.

Home and Community Services, Local Offices

Financial and Social workers and community nurses in this division provide direct long-term care services in 43 statewide locations to persons age 18 and above. The division is administratively divided into six geographic regions, headed by six regional administrators. Programs administered are: Adult Protective Services, Case Management, Chore Services, Adult Family Home Licensing and Placement, Nursing Home and Congregate Care Placement, Title XIX Personal Care and COPES.

Quality Assurance Unit

The Quality Assurance Unit's role is to review both Home and Community Services

and the Area Agencies on Aging field staff casework and authorizations. This will ensure that the services offered by ADSA are administered in compliance with federal and state law. This unit's work leads to significant savings related to service eligibility determinations and computer authorization and payment errors.

In addition to monetary savings, the QA Unit has positive outcomes in terms of client services. This is evidenced by improvement in the accuracy and quality of comprehensive assessments and service plans. There is reduced vulnerability to federal disallowances for failure to comply with Home and Community Based Services waiver program requirements. Processes are strengthened thus assuring the safety and security of vulnerable adults.

Division of Developmental Disabilities

The mission of the Division of Developmental Disabilities (DDD) is to endeavor to make a positive difference in the lives of people eligible for services, through offering quality supports and services that are: individual/family driven; stable and flexible; satisfying to the person and their family; and able to meet individual needs. Supports and services shall be offered in ways that ensure people have the necessary information to make decisions about their options and provide optimum opportunities for success.

Residential Care Services

Residential Care Services performs an array of services designed to ensure a high quality of care for residents living in facilities. Program services include survey compliance with state and federal requirements, planning and development of policies resulting in a resident-oriented delivery system, participation in innovative quality assurance programs, development of services that are an integrated part of the long-term care system, and management coordination with providers.

Management Services Division

This division of ADSA is responsible for: Fiscal and Contracts, Data Analysis and Forecasting, Rates Management and Personnel.

Fiscal and Contracts

The Fiscal and Contracts unit develops the biennial budget for all ADSA program areas, and allots and monitors all funding sources and expenditures. This unit also develops and monitors contracts with various entities statewide for service provision.

Decision Support

The Decision Support unit provides ad hoc data analysis across all ADSA programs. This includes development of caseload projections, forecasting budget/caseload growth, and compilation of program performance indicators for internal and federal reporting requirements.

Personnel

The Personnel unit handles all personnel matters for ADSA headquarters staff. They provide information on the merit system rules, applying for state jobs, equal employ-

ment opportunity/affirmative action issues, human resource development, appointments, evaluations, reallocations, personnel files, resignation, political activity, retirement, holidays, paydays, insurance benefits, and the various types of leave.

Rates Management

The Rates Management unit establishes rates for each nursing home on an annual basis, reviews nursing home appeals, resolves reporting problems and computes settlements. In addition they develop and oversee Home and Community rates, and rates for other residential facilities.

Office of Technology

The Office of Technology develops and maintains technical applications and infrastructures to facilitate the business practices of the Long Term Care Community in Washington State. These services include network access, software programming, and computer hardware support.

AREA AGENCY ORGANIZATION, POLICY AND STRUCTURE

Delegation Of Authority To Area Agencies On Aging

For the Older Americans Act, and Title XIX (Medicaid) programs involving persons living at home, the Aging and Disability Services Administration (ADSA) delegates authority to Area Agencies on Aging by way of the following policies:

- AAAs have the authority to promulgate policies and procedures for the operation of services and contract management. AAA policies and procedures shall be in addition to those established by ADSA and must take into account federal and state law, regulation, and policy.
- Each AAA is delegated the authority by ADSA to:

  —Become the regional focal point on aging matters;

  —develop the area plan on aging; and

  —carry out directly or by contract the functions and responsibilities described in this plan.
- AAA authority extends to negotiating contracts, allocating resources, making operational policy and management decisions within program guidelines, and developing budgets.
- In addition, the Area Agency shall manage the home care caseload as assigned by the home and community services office, according to the laws and regulations in effect.

AGING NETWORK POLICY AND PHILOSOPHY

Description of the Aging Network

The Aging and Disability Services Administration (ADSA) utilizes the Aging Network to plan, develop and administer programs and services funded wholly or in part by monies available under the Older Americans Act. The Aging Network includes thirteen Area Agencies on Aging (AAA) designated by ADSA in accordance with the laws and regulations promulgated by the Administration on Aging and authorized under the Older Americans Act. These agencies are contractors for the state under ADSA, and their subcontractors are also members of the Aging Network. The subcontractors are service providers who may offer single or multiple services. Also included in the Aging Network are agencies or facilities who serve the needs of older persons but may not be direct recipients of Older Americans Act funds. These might include hospitals, churches, senior centers, and other service providers funded by different streams of money including Title XIX of the Social Security Act.

Aging Network Mission Statement

The mission of the Aging Network is to promote, plan, and facilitate the development of a comprehensive and coordinated service delivery system responsive to the needs of all older persons (age 60+). Priority attention shall be directed to those who are most vulnerable due to social, health, or economic status. The system shall be designed to maximize individual options for high quality, timely, and cost-effective service which will enable participants to achieve their highest potential for independent living and maintain personal dignity.

Aging Network Comment and Review of this Plan

The State Council on Aging and the Area Agencies on Aging have reviewed the plan as representatives of the Aging Network. Program managers in the state unit on aging were consulted about programs and feedback from their field visits and on-going monitoring.

The State Council on Aging is a public meeting and the plan was on the agenda for several months. Four additional public forums in Lacey, Everett, Ellensburg, and Spokane were widely publicized and comments were encouraged from recipients of services and other stakeholders.

As comments and suggestions were received, the plan was changed or the commenter was contacted to see if there was a section that answered the comment, or if the comment was clear on what was desired.

In the case of comments that were not implemented the person making the suggestion was notified and a reason for non-acceptance was given to them.

System Building Strategies

Based on the policy assumptions established earlier, ADSA has objectives that respond to the full range of aging needs. The following are objectives and principle components of a systems building strategy that have implications for AAA planning and operations. The AAAs in cooperation with ADSA must:

- Target the service delivery system to those age 60 plus; aging 60 plus at or below Poverty; age 60+ who are minorities; those in rural areas; age 60 plus with limited English speaking ability; and those age 60 plus needing assistance with Activities of Daily Living.
- Develop a service delivery system which incorporates the concept of a continuum of care which includes access, case management, social, health, personal care, and access to and from residential services.
- Develop a service delivery system for the aging population which coordinates, to the extent possible, all service delivery programs administered by the Department of Social and Health Services and other agencies providing services to older persons. Washington state is piloting an Aging and Disability Resource Center.
- Develop a statewide strategy for service delivery at the community level. This includes developing a strategic plan based in part on AAA plans. **(**Exhibit 1 — State Plan Objectives is the ADSA Strategic Plan**)**
- Establish a system of supportive services that ensures that clients are provided services that most appropriately respond to their needs.
- Involve advisory councils or boards in all major aspects of ADSA and AAA functions directed to the establishment of a comprehensive and coordinated system of services for the elderly.
- Periodically conduct needs assessments. AAAs must assess needs of the older population annually as part of its continuous planning process. ADSA must conduct a statewide needs assessment at regular intervals.

Policies Involving Vulnerable Older Persons

ADSA and Area Agencies on Aging must place special emphasis on meeting the needs of vulnerable older persons who, without assistance, are at risk of placement in a more restrictive living environment.

RCW 74.34.020 and .021 define a vulnerable older person as:

RCW 74.34.020 Definitions.
(13) "Vulnerable adult" includes a person:
(a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or
(b) Found incapacitated under chapter 11.88 RCW; or
(c) Who has a developmental disability as defined under RCW 71A.10.020; or
(d) Admitted to any facility; or
(e) Receiving services from home health, hospice, or home care agencies licensed or

required to be licensed under chapter 70.127 RCW; or

(f) Receiving services from an individual provider.

[1999 c 176 § 3; 1997 c 392 § 523; 1995 1st sp.s. c 18 § 84; 1984 c 97 § 8.]

RCW 74.34.021 Vulnerable adult -- Definition.

For the purposes of this chapter, the term "vulnerable adult" includes persons receiving services from any individual who for compensation serves as a personal aide to a person who self-directs his or her own care in his or her home under chapter 336, Laws of 1999. [1999 c 336 § 6.]

ADSA has identified the following services **funded by the Older Americans Act** that should serve only the vulnerable elderly. The same service may be funded by sources that do not have this restriction.

Case Management	Home Health
Home Delivered Nutrition	Health Maintenance
Adult Day Health	Aging Network Chore Service
Adult Day Care (Social Day Care)	

AAAs must implement program specific targeting so that services provided to older persons with diminished abilities or means allow them to live at their highest level of independence.

The Aging Network provides a set of services that may not necessarily serve the vulnerable elderly; but may also serve an elderly person who may become vulnerable if not provided such services.

Transportation	Health Screening
Minor Home Repair & Maintenance	Congregate Nutrition
Well Adult Clinics	Health Appliance & Limited Health Care
Legal Services	Mental Health Services

Because of limited resources and the rapidly growing elderly population, any one of the above programs should serve those clients most at risk of moving to a more restrictive level of care. ADSA recognizes the limitations of using a universal population factor or set of factors to determine need, which may not adequately reflect an individual's potential for being "at risk." (For example, a minority person over the age of 65 with a low income may be able to cope very adequately with the demands of their environment.) Consequently, program specific criteria have been identified which establish a condition that should exist with each client before he/she is provided a service. With respect to the services listed above, it is the responsibility of the service provider to assess the client's need for that service and if necessary create a priority waiting list based on level of need.

Total Group of Services

	Title III-B	Title III-C	Title III-D	Title III-E	SCSA	State Chore	Title XIX	NSIP	Title V	Elder Abuse
ACCESS SERVICES										
Transportation	X			X	X		X			
I&A	X			X	X					
ADRC *	X		X	X	X					
Case Management/Nursing Services	X				X		X			
Legal Assistance	X		X	X	X					X
In-Home Services										
Chore	X				X	X				
Personal Care	X				X		X			
Home Health	X		X		X		X			
Health Maintenance	X		X		X					
Respite Care	X			X						
Visiting &Telephone Reassurance	X									
Minor Home Repair /Environmental Mod.	X			X	X		X			
Adult Day Care (level 1- as respite)	X				X					
Volunteer Chore	X				X					
NUTRITION SERVICES										
Congregate		X		X	X			X		
Nutrition Outreach		X								
Nutrition Education		X	X		X					
Home Delivered		X		X	X		X	X		
Senior Farmers Market *					X					
Shopping Assistance		X			X					
SOCIAL & HEALTH SVCS										
Adult Day Health	X				X		X			
Geriatric Health Screening	X		X		X					
Home Health	X				X					
Mental Health Clinic	X		X	X	X					
Health Appliance	X				X					
Limited Health Care	X				X					
Disease Prevention			X							
Respite Care										
Respite Assessment/Coord.	X			X	X					
In-home	X			X	X					
Out-of-home	X			X						
Family Caregiver Support Services	X			X						
Alzheimer's Services	X		X	X	X					X
Kinship Caregivers *	X			X						
Senior Employment	X								X	

	Title III-B	Title III-C	Title III-D	Title III-E	SCSA	State Chore	Title XIX	NSIP	Title V	Elder Abuse
Retired Senior Volunteer Program	X				X					
Senior Companion	X				X					
Foster Grandparent	X				X					
Newsletter	X									X
Senior Center	X									
LTC Ombudsman	X				X					X
Elder Abuse Prevention										X

* New services identified since last State Plan on Aging.

The department and ADSA have not defined any other in-home services for the Older Americans Act.

INITIATIVES ADDRESSING AoA's PROGRAM GOALS

Goal 1. Increase the number of older people who have access to an integrated array of health and social supports.

AGING & DISABILTY RESOURCE CENTER

Washington State received the Aging & Disability Resource Center (ADRC) grant from CMS & AoA in October, 2005. Washington State will use the ADRC grant to pilot a one-stop service center in Tacoma that builds upon the existing Senior Information & Assistance program housed within the Area Agency on Aging. It will expand service capacity in the first two and a half years to include persons of all ages with physical and/or cognitive disabilities, regardless of income. Expected activities in the first two and a half years will inform key stakeholders and the legislature on the value of continued support for statewide expansion of the Aging & Disability Resource Center concept for future replication throughout the state. The ADRC will further Washington State's existing "No Wrong Door" policies for co-location of service agencies, partnerships between state and local agency service delivery systems, and partnerships with NCOA's BenefitsCheckUp and 211 information system.

Washington intends to purchase an information & management software package that will decrease duplication of effort, coordinate effectively with 211 and BenefitsCheckUp, and improve connections with required NAPIS reporting. IT activities will also work closely with existing statewide activities to expand the functionality of the Comprehensive Assessment, Reporting, & Evaluation (CARE) platform and overhaul the Medicaid Management Information System (MMIS), a project entitled ProviderOne.

ADRC grant activities will engage in social marketing activities to promote public awareness of both public & private long-term support options as well as information about the

Information and Referral/Assistance services available through the ADRC pilot site through regularly scheduled community forums, informational brochures, and outreach presentations to agencies and community groups. In an effort to ensure cost effectiveness of services, ADRC activities are focusing on partnerships with already existing advocacy and service delivery programs around the state that have contact with persons with disabilities; Healthy Mothers/Healthy Babies, County Human Services programs, Housing, Substance Abuse, Mental Health, Libraries, Police Departments, Adult & Child Protective Services, etc.

See Exhibit One, Goal 3, Objective 2.

SENIOR INFORMATION & ASSISTANCE

Senior I&A continues to be offered in all 39 counties through 49 offices. Toll free information is available in all areas and the continuing advent of 211 services in Washington state will make that access even easier. Most AAA's also have web based access to their services as well as by phone and in person.

The Medicare Modernization Act has provided enhanced benefits for Medicare recipients, but also caused an "information crisis" among the senior population and their support systems. Most Senior I&A programs either have working agreements with the Statewide Health Insurance Benefits Advisors (SHIBA) or are the local SHIBA sponsor. SHIBA is administered by the Washington State Insurance Commissioners Office and is the SHIP for Washington state. That close relationship was beneficial during 2005 and 2006 for the roll out of Medicare Part D. Both entities worked to capacity and beyond assisting seniors to choose the best Prescription Drug Plan for them. ADSA awarded additional funds to AAAs in SFY06 (July 1, 2005-June 30, 2006) to assist them in expanding capacity for coordination with SHIBA and assistance to seniors. It is unknown whether the additional funds will be continued now that the initial rollout period is finished, but the training benefit remains. Our I&A staff are very competent in assisting individuals with Medicare questions.

LONG TERM CARE TASK FORCE

Since Mark joined the governor's staff, he has been working on the Long-term Care Task Force created during the previous legislative session. The task force has been directed to review and make recommendations about public and private financing of long-term care; and to recommend chronic care management and disability prevention interventions that will reduce health care and LTC costs to individuals and the State. Joint Task Force Members (4 Legislative Caucus members and 4 executive-level staff):

- Senator Karen Kaiser (D)
- Senator Linda Evans-Parlette (R)
- Representative Dawn Morrell (D)
- Representative Barbara Bailey (R)

- Mark Rupp, Governor's Office
- DSHS Secretary Robin Arnold-Williams
- DOH Secretary Mary Selecky
- HCA Administrator Steve Hill

Members of a Joint Executive Legislative Staff Workgroup will be called on as needed.

Three advisory committees have been established:

1. New Funding Models: will make recommendations to the Task Force on feasible options the State can use to promote the ability of individuals to pay for their long-term care needs and identify sustainable funding models which will allow the State to provide client-choice drive, quality long-term care services to individuals (e.g. reverse mortgages, long-term care insurances, public payer, and others)
2. Chronic Care Management and Disability Prevention: will deliver recommendations to the Task Force on models of chronic disease management which provide the State and its clients effective tools to reduce health care and long-term care costs related to ineffective chronic care management and improve the general health of Washingtonians over the course their lifetime
3. Current System Evaluation: will provide recommendations to the Task Force concerning near term modifications to the composition of State long-term care services and funding structure, which will reduce or contain costs and minimizes reductions in service quality or access to services for Washingtonians in urban and rural settings

The first meeting occurred in November. A tentative work plan was developed and the Advisory Committees were created. The Advisory Groups will also be meeting in Olympia, to begin their work in the next month or so. The Governor sees a need for greater education throughout the state on long-term care needs, services, and issues.

Mark is hopeful that the task force can get out and travel around the state (town hall experience) to talk with Washington residents. Mark noted that the SCOA might have some good ideas of where to go and suggestions would be welcome.

A January 2006 report detailed initial findings to the Governor and appropriate committees of Legislature. In January 2007, the task force will need to report recommendations to Governor and appropriate committees of Legislature. The final report is due June 30, 2007. The state put out a Request for Proposal (RFP) for approximately $400,000 to solicit bids to help with work. 5 bids were received, with the successful bidder being the Lewin Group.

NEW FREEDOM WAIVER SERVICES (Cash & Counseling)

New Freedom provides a structure for giving waiver participants greater choice and control over services that allow them to take part and live in their communities. New Freedom builds upon the state's strong community-based service system by taking advantage of the existing marketplace of resources and community supports, and expanding the array

of supports that are needed, but currently unavailable. Participants will be able to select the services they need, when those services are needed, who will provide the services, and largely, how they will be delivered. Participants will have flexibility to plan and purchase goods and services specific to their unique needs and preferences.

New Freedom provides participant directed services to adults who are eligible for nursing facility level of care, whether they are transitioning from or being diverted from nursing homes. It will initially be offered in one region of the state.

The state will use the automated comprehensive assessment, CARE, to gather information about an individual's strengths, functional abilities, preferences and limitations. Once the assessment has been completed, this information will be used to compute an individualized monthly budget based on the unmet needs of the client and valued at the hourly rate for in-home personal care.

Persons interested in New Freedom will meet with a New Freedom consultant to prepare a spending plan for that budget allowance that can include a range of choices beyond one-on-one personal care. Consultants facilitate planning at the direction of the participant and/or designated representative. Fiscal management services are provided to manage the cash allowance and associated waiver service purchase responsibilities and ensuring that expenditures are in keeping with the plan.

See Exhibit One, Goal 3, Objective 3.

MANAGED CARE PROJECTS **("Money Follows the Person" Initiative)**

DSHS can "leverage" Medicaid resources available for primary, acute, long-term care, mental health and chemical dependency services to slow the progression of illness and disability, improve health outcomes and reduce unnecessary costs.

- Managing the state budget means managing DSHS expenditures. DSHS is 35 percent of the state budget.
- Managing DSHS expenditures means managing Medicaid since 78 percent of the DSHS expenditures are for Medicaid services.
- Managing the Medicaid budget means managing costs for aged & disabled individuals. Services to these individuals make up 64 percent of Medicaid expenditures. In fact, aged/disabled Medicaid expenditures are approximately 17 percent of the entire state budget.

Nationwide, Medicaid primary, acute, LTC, mental health, and developmental disabilities programs are typically managed separately. They have separate budgets and limited coordination and communication among service providers, including state case managers. Services and outcomes for clients are not centrally managed even though the programs often have clients and service providers in common. The result can be a system that is not as client-centered or as efficient as it could be.

DSHS is piloting new approaches to increase coordination across administrations. Separate DSHS divisions manage long-term care services, acute care services, and

mental health and chemical dependency services. To manage costs, these three divisions are working together on three "up and running" integration projects:

1. Washington Medicaid Integration Project (WMIP)
The Aging & Disability Services and Health & Recovery Services Administrations have launched a joint venture to improve the integration of health, long-term care, mental health and chemical dependency services for clients 21 and older who meet the aged, blind or disabled criteria. The goal is to improve health outcomes, while reducing unnecessary expenditures for emergency room and hospital use, prescription drugs, nursing facilities and state hospital placements. WMIP integrates services throughout the care system, coordinating medical, substance abuse, mental health and long-term care for Medicaid clients in Snohomish County.

2. Medicare/Medicaid Integration Project (MMIP)
MMIP is a CMS Disease Management Demonstration Program. In the spring of 2004, CMS officially awarded Evercare Premier™, part of United HealthCare Insurance Company, the opportunity to implement this project in Washington State. This project uses disease management interventions to:

- Improve the quality of services furnished to beneficiaries;
- Introduce full prescription drug coverage to encourage compliance with medical instruction; and
- Manage expenditures under Parts A and B of the Medicare program.

In June 2005, this voluntary managed care program became available to seniors age 65 and older, eligible for Medicare and Medicaid, and living in King and Pierce Counties. MMIP integrates long-term care and acute care services under a capitated, or fixed payment for Medicaid and Medicare. The goals of this program are to provide better outcomes for clients through comprehensive disease management and to decrease expenditures through the use of an integrated system of care.

3. Program of All-Inclusive Care for the Elderly (PACE)
The Program of All-Inclusive Care for the Elderly (PACE) is a capitated Medicare/Medicaid payment program that offers the full range of health care services to the frail elderly. In 1986, the Robert Wood Johnson Foundation funded certain states to develop PACE demonstration programs. Washington became one of the original demonstration sites in 1995, providing PACE services through Providence ElderPlace-Seattle. In 2002, CMS awarded ElderPlace permanent status as a PACE provider. A major goal of PACE is to prevent unnecessary use of hospital and nursing home care. This is accomplished with providing an integrated approach to delivering all medical care, long-term care, mental health, and alcohol and substance abuse treatment services. Unlike the MMIP and WMIP projects, the PACE model uses an adult day center to house the interdisciplinary team and centralize client service delivery.

Expected Outcomes
These projects will improve health care coordination for enrollees among care providers; integrate funding streams; provide data to guide and evaluate the care model; and provide for better access to services. These projects will result in people with multiple

health care conditions receiving coordinated care; people with no "medical home" get access to care; better outcomes for service recipients; and more efficient use of tax dollars.

See Exhibit 1, Goal 5, Objective 1

Goal 2. Increase the number of older people who stay active and healthy.

The State of Washington and specifically the State Unit on Aging are involved with a number of activities to promote the health and physical activity of elderly and disabled populations. The focus of future efforts related to healthy aging and those behaviors will include activities and interventions that are evidence based and have proven success with elder and disabled citizens.

Descriptions of current and planned activities include:

1. The development of an **Adult Immunization Collaborative** to address improving the rate of adult immunizations for influenza and pneumonia. This collaborative is a result of the work done by the Washington State team attending the workshop Evidence Based Disability and Disease Prevention for Elders: Translating Research into Community Based Programs sponsored by the Agency for Health Care Research and Quality and the Administration on Aging in February 2006. The team attending the conference, and working on the immunization collaborative include staff from the State Unit on Aging, an Area Agency on Aging, the Department of Health, Residential Care Services, and the state Medicaid Agency.

   The goal of our collaborative is to improve the immunization rate for older adults from the current rate to the 2010 Target of 90%. At present the Washington State rates (2004) are:
   - 68 percent of adults 65 years of age and older had received a flu shot within the past year;
   - 66 percent of adults age 65 years of age and older had ever received a pneumococcal vaccination.

   A matrix of potential providers and targeted client groups has been identified with action plans in development to address barriers and improve our rates.

2. A grant from the Administration on Aging **Alzheimer's Disease Demonstration** Grant to States has been awarded to the State of Washington, Aging and Disability Services Administration for the development and implementation of a Dementia Partnerships Service Integration model program. This Dementia Partnerships for Service Integration program will be a three year project designed to improve the responsiveness of Washington State's system of home and community based services to the needs and preferences of individuals with dementia and their family caregivers by integrating dementia-capable services into existing state programs.

These new and expanded services will be connected through dementia partnerships with the statewide Family Caregiver Support Program, the expertise of the Alzheimer's specific organizations, and the service potential of the adult day services providers. Funding to the selected project sites began February 2006 and continues through June 2008.
The objectives of this demonstration project are:

- Creation of a local Dementia Partnership model to improve access to and utilization of family caregiver support and respite care services;
- Dementia day services;
- Dementia specific family consultation services; and
- Family caregiver counseling services.

The two project sites are:

- Northwest Regional Council (Area Agency on Aging); and
- Seattle/King County Aging and Disability Services (Area Agency on Aging).

One of the interventions to be applied through the Dementia Day Service providers will be a physical activity program developed using evidence based healthy aging physical activity programming (ProjectEnhance) and a dementia specific physical activity program, Reducing Disability in Alzheimer Disease" (RDAD), developed by Dr.'s Linda Teri and Rebecca Logsdon of the University of Washington.

The vision for this physical activity model for dementia clients receiving Adult Day Services will be:

- A structured physical activity program that responds to the specific needs of people with dementia. It is designed to take exercise to an intensity level that will have positive health benefits for those with different levels of ability.

- Format and content that accommodates for the changes typical in Alzheimer's disease or related dementias such as diminished communication ability, limited attention span, inconsistent judgment, and the inability to initiate activity or maintain a routine.

- Maintaining, to the greatest extent possible, the elements critical to the success of the two original evidence-based approaches upon which it is based (e.g., including focus on aerobic activity, strength, flexibility, balance; focus on tracking outcomes; recognizing cognitive and behavioral needs, etc.).

- An education component designed to prepare instructors, dementia day staff, and family caregivers to deliver and support the program.

- A component targeting the family caregivers of participants with the goal of engaging the family participation in a way they see as valuable and that supports them in continuing the effort at home.

- A format and structure that can be replicated at different sites.

3. The State Unit on Aging within the Aging and Disability Services Administration is an active partner in the **Washington Alliance for Health Aging** (WAHA). The mission of this alliance is to promote healthy aging statewide

   Objectives for this alliance include:
   - Provide statewide communication opportunities for WAHA partners to share resources, research, and best practice strategies
   - Advocate for local and state healthy aging policies and practices
   - Encourage physical, mental, social, and economic environments that support healthy aging

   Key Activities include:
   - Link with key partners to impact policy change
   - Foster collaboration among diverse groups that impact healthy aging through conferences and other communication tools
   - Integrate healthy aging messages and activities into member organizations' goals
   - Encourage governments, organizations, and coalitions to incorporate healthy aging as a priority healthy aging strategies

4. **Chronic Care Improvement**
   Governor Christine Gregoire directed the State of Washington Health Care Authority, the Department of Social and Health Services, and the Department of Health to collaborate on an initiative to improve chronic illness care for our state citizens. "Five percent of Washington residents covered by government health care programs are responsible for roughly 50 percent of the programs' costs".[1]

   The Governor has identified that this burden of chronic illness directly impacts our citizens' health and the finances of our state. In response to this initiative ADSA is working with our states Medicaid agency on a number of projects to build more effective links with long term and acute-medical care, as well as preventive care. "Such coordination would improve client health outcomes by targeting chronic illnesses, related morbidity, and mortality- all factors that have a disproportionate impact on the elderly and other groups in our population"[1]

   Projects currently under way, and planned for the future to address this goal of improving the effectiveness of health and social services include;
   - The **Intensive Chronic Case Management project** implemented at two Area Agencies on Aging. This project provides intensive RN case management to clients with impaired mobility to improve their health outcomes, promote their abilities and reduce ambulatory sensitive health care conditions and costs.
   - The creation of statewide case management models with our Area Agencies on Aging to provide chronic care case management based on evidence based

practices. The goals of this case management model will be to reduce disease and disability, improve health outcomes and reduce medical expenditures.

Exhibit 1, Goal 3, Objective 2 and Goal 5, Objective 1

[1] Memo from Governor Christine Gregoire to Secretaries of DSHS, DOH and HCA, January 20, 2006.

Goal 3. Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

FAMILY CAREGIVER SUPPORT PROGRAM

ADSA's goal continues to be to develop a coordinated caregiver support program, linking existing infrastructure and network of home and community based long term care services with programs and services originating from the AAA service system which directly serve unpaid family caregivers. To accomplish this there are ongoing efforts to:

- Address caregiver assessment issues and improve the current tools used to screen and assess family caregivers for services.
- Provide in-depth caregiver training for Information and Assistance and case management staff.
- Strengthen the integration of family support services within established long-term care system and referral process.
- Address effective methods to serve special or hard to reach populations including, caregivers providing care to persons with a Developmental Disability or mental illness, geographically isolated populations and ethnic communities.

With both funding from the State Family Caregiver Support Program (FY 2006 $237,300) and Title IIIE National Family Caregiver Support Program (FY 2007 $2,833,329) ADSA through its partnership with the AAAs provides unpaid family and other informal caregivers critical services including: specialized caregiver information and assistance, training, counseling and support Groups, respite care and supplemental services (which provides needed supplies or equipment).

Washington's state funded portion of the program allows us to target caregivers serving all age care recipients confronting a wide spectrum of diseases and disabilities. The spectrum of the caregiver community is extremely broad and demands an elaborate networking systems, along with high levels of resource and knowledge capacity on the part of staff and service providers.

Summary of the Family Caregiver Support Program's Core Service Components.

Information, which includes Outreach Activities (about 11% of expenditures)

The Area Agencies on Aging have created a multitude of methods to provide information and outreach on the FCSP. Among the methods used are: creating advertisements on pharmacy bags, posters with tear off information sheets, icons on computer desk tops in doctor offices. Commercials on TV and radio, advertisements in newspapers and in senior and caregiver resource guides inform the public of the FCSP and related activities. Brochures and flyers have been developed in 10 different languages. Both electronic and printed newsletters are sent out monthly or quarterly. Many AAAs have developed websites with event calendars, resource information etc. Presentations provided to employers, the general public, service clubs, and provider networks. Manuals have been created to encourage faith communities to provide and promote family caregiver services. Several AAAs have been integrally involved with the Making the Link program which coordinates referrals with physician and pharmacists. AAAs are collaborating with gatekeepers (e.g., meter readers and mail delivery persons) to identify caregivers for services. Lastly, AAAs are partnering with developmental disability organizations (e.g., ARC and Parent to Parent) to provide informational gatherings for older caregivers who provides care to a person with a developmental disability.

Assistance (about 44% of expenditures)

Each Area Agency on Aging has established an entry point for caregivers to access the Family Caregiver Support Program (FCSP) through the Senior Information and Assistance offices. Each AAA contracted out or is using in-house Information and Assistance and/or Case Management staff to provide family caregivers access to services they need now or help problem solve what resources they may need in the future. This assistance is provided in the office or in the caregivers' homes. Several AAAs have developed a one-stop Family Caregiver Resource Centers with family caregiver specialist staff and dedicated phone lines along with printed and audiovisual materials and computer access to provide caregivers with the resources they need.

Support Groups, Counseling and Training (about 13% of expenditures)

Support Groups

All (but three) of the AAAs are providing funding, mentoring, or staffing to local caregiver support groups. FCSP staff also provides caregivers with referrals to the existing support groups. Several AAAs are supporting and in some cases leading support groups for kinship caregivers and for the children in their care.

Caregiver Training

The FCSP provides an extensive variety and number of training opportunities for caregivers including: caregiver retreats, one on one in-home training, and caregiver conferences. One-half of the AAAs sponsor the highly rated six-week series; *Powerful Tools for Caregiving* classes. Trainings in other languages; Chinese, Spanish, Vietnamese and Russian are provided. In addition, many AAAs are providing scholarships to unpaid caregivers to attend the 28hour *Fundamentals of Caregiving* class and 10 hours of related continuing educations classes, which is our state's mandatory training for paid personal care providers. Local and state family caregiver conferences are held annually and

provide inspiring speakers and state of the art information while showcasing best practices in the family caregiver field of services.

Counseling
One-half of the AAAs provide counseling (typically brief therapy) on a one-on-one basis in-home or in the office for caregivers in need. Family consultation with multiple members in the family is also a model that has been used. In a couple of cases, counseling is targeted to male caregivers. One AAA has developed a Caregiver Mentoring program which uses the experiences of former caregivers to help caregivers who are in need of reassurance and problem solving challenges they face. One program offers family counseling to older grandparents and other relatives who are raising children.

Respite (about 22% of expenditures)

Almost all of the FCSPs provide respite in-home, through adult day centers and through residential settings, e.g. nursing homes, assisted living facilities. Adult day programs have been developed through several AAAs to provide respite services to Latino, Asian-Pacific Islanders, and Chinese persons. A focus group is working to create strategies that are more efficiently responsive to emergent situations.

Supplemental Services — (about 10% of expenditures)

AAAs are providing supplies (such as incontinent supplies), assistive equipment, environmental modifications, legal assistance, translations assistance, home delivered meals, and homemaker and errand services under this core service. A number of AAAs are also providing specialized transportation to help caregivers who are unable to drive take a break outside of the home or to attend a support group or to provide a means to get to medical appointments. Professional consultations with nurses, occupational or physical therapists, nutritionists or an attorney are available depending on the local AAA. A loan closet is in operation in eastern Washington where caregivers can borrow items including walkers, shower benches, canes and hospital bed.

Exhibit 1, Goal 2, Objectives 1 and 3

Kinship Caregivers Support Program

In Washington State, 35,341 grandparents or other relatives (such as aunts, great-grandparents) are the primary caregivers for a relative's child or children. Despite the enormous dedication and commitment of these kinship care families, many relatives experience hardships by taking on the responsibility of raising a child. Many kinship families do not have enough money, housing, childcare, legal assistance, or knowledge of the support services that could help ease some of the load.

Kinship Emergent Funding/Kinship Caregivers Support Program

Financial assistance was determined to be the most significant unmet need of kinship caregivers in a 2002 statewide survey conducted by the Washington State Institute for

Public Policy. The Washington State Legislature's 2004 operating budget included $500,000 to provide much needed support to these kinship care families. Aging and Disability Services Administration distributed the appropriation to the 13 Area Agencies on Aging to provide local support to kinship families either directly or through contracts with local community service providers.

In fiscal year 2005, the first year of this program, the program served 1,265 children and 799 kinship caregivers and provided the following services:

- 581 (69%) Basic needs (housing, food, clothing, supplies)
- 121 (14%) School and youth activities
- 96 (11%) Transportation (bus vouchers, gas cards)
- 28 (3%) Other (tutoring, parenting training, assistive technology, etc.)
- 22 (3%) Legal services
- 19 (2%) Transitional counseling

Due to the overwhelming success and impact of the program, the 2005 state legislature awarded an additional $500,000 to the KCSP for 2006-2007, thus doubling the funding. With this increased funding, the program's expected outcome is to double the number of children and caregivers served in this program by June 2007. Future outcomes beyond 2007 will be dependent upon continued state legislative funding decisions.

National Family Caregiver Support Program (Older Americans Act)

Up to $283,332 is available to AAAs to support kinship caregivers over the age of 60. Currently, approximately eight percent of the allowable ten percent of total Title IIIE National Family Caregiver Support are obligated by the AAAs to provide services to grandparents and other relatives raising children. Listed are examples of ways AAAs currently provide support either directly or through contracts with their community providers:

- Information and assistance for accessing services: development of kinship care resource kits, a Native Kinship Resource Guide, distribution of information booklets and brochures published by ADSA, sponsor of kinship navigators to provide assistance, advocacy and navigation of the maze of available services and resources.
- Respite care: provide scholarships to summer camps for children to give a break to the caregivers, host monthly respite nights held in conjunction with a children's museum, sponsor annual overnight retreats for kinship caregivers.
- Counseling, support groups and training: provide family counseling to help both the children and the kinship caregivers better adjust to new living arrangements; give financial support or leadership to an estimated 20 kinship care support groups; sponsor a teen empowerment support group; and hold annual conferences and trainings on re-parenting, Native kinship care, and self-care for the relatives.
- Supplemental services: make available critical supplies for the caregiver to provide for the children in their care (e.g., clothes, school supplies, etc.).

Kinship Legal Services and Resources

ADSA purchased and is currently distributing 4,000 copies of Northwest Women's Law Center's, *Options for Grandparents and Other Nonparental Caregivers: A Legal Guide for WA State* (fourth edition).

ADSA staff produced and funded two legal related videos: 1) *Mediation for Kinship Caregivers-An Alternative to the Courtroom* in collaboration with the WA State Association of Dispute Resolution Centers*:* and (2) *Legal Options for Grandparents and Relatives Raising Children in WA State* features presentation by Attorney Rebecca Morrow. This resource is available to the public, the AAAs, and to local community groups.

Kinship Navigator Positions

In 2004-2005, Washington State with the financial support of Casey Family Programs developed two Kinship Navigator positions. These community based positions provide a local and consistent function to assist in reducing or eliminating systems barriers for kinship families by providing information, support, advocacy and facilitating access to services before situations reach a crisis point.

The 2005 Washington State Legislature appropriated $200,000 for 2005-2007 biennium to create two new Kinship Navigator positions (the Casey Family Program funding expired in December 2005). ADSA contracted these positions out to two AAAs (Aging and Disability Services-Seattle/King County and SE WA AAA in Yakima).

A final pilot evaluation report on the Casey Family Programs Kinship Caregiver Navigator Pilot Project along with a replication manual are available at http://parenting.wsu.edu/relative/index.htm. These documents are informing other AAAs as well as other states of the benefits of the model.

Native Kinship Care Initiative

Since 2004, a collaborative project involving 13 tribes from two regions (Olympic and Northwest) of the state, two AAAs and support from ADSA was developed to develop a Native Kinship Care needs assessments, conferences, support groups and resource materials. The Native Kinship Care initiative is funded both by the Brookdale Foundation and the National Family Caregiver Support Program.

In the last two years, three major statewide Native conferences have focused on kinship care as well as family caregiver issues. Workshops on resources and benefits, generational grief, storytelling, school advocacy, legal options, child support, among other topics were featured. A Native Kinship Care Resource Guide developed by Sharon Wolf of the Northwest Regional Council was distributed at each of these trainings.

Relatives as Parents Program (RAPP) Web Site

In 2002, in conjunction with Washington State University-Cooperative Extension and their WSU website, ADSA developed a RAPP website located at

http://parenting.wsu.edu/relative/index.htm which provides kinship resources including media coverage, legislative reports, directory of the state's kinship care support groups, legal resources, video library, etc. ADSA staff continually updates the web site information and annually contracts with WSU for continued website management.

Relatives as Parents Program Resource Guide and other Related Kinship Care Publications

In 2001 ADSA staff developed a statewide, *Relatives as Parents Resource Guide*, which is now in its fourth edition. Public and private funding paid for the 34,000 copies. It is now available on line and can be downloaded.

A four page" *Did you know about the following services and supports for grandparents and relatives raising children*" was recently produced and printed by ADSA staffed and then translated into 8 languages which can be downloaded off of a couple of kinship web pages. This handout gives a snapshot of all the various resources and services and supports available to kinship care families and their advocates. More than 20,000 copies are currently being distributed.

ADSA also developed a brochure titled, *Consent to Health Care for the Child in Your Care* following the passage in 2005 of SHB 1281 which allows a relative who is raising a child without formal legal custody to sign a declaration which then allows the child to receive the health care for which they are entitled. This brochure was translated into 5 languages and 30,000 copies of this brochure were printed and are being distributed to all interested parties including hospitals, kinship caregivers, etc.

Kinship Care Training

Utilizing the curriculum, *Parenting the Second Time Around* developed by Cornell Cooperative Extension, ADSA sponsored in 2004 and 2005 two two-day train-the-trainer workshops. A total of 73 persons received the training. The curriculum supports a six week course to help kinship caregivers understand parenting styles today, deal with their and the child's grief and loss, learn solution focused problem solving, effective discipline styles, addressing high risk behaviors, legal issues and options and negotiating service systems.

ADSA expects to conduct another train the trainer workshop in 2007, increasing total available trainers to over 100 people.

Voices of Children Annual Kinship Care Contest

In 2003, ADSA staff promoted a Kinship Care contest inviting the public to submit writings to nominate kinship caregivers and kinship care advocates to be recognized by the Governor, receive prizes and media attention. The following year and each year since, ADSA has been a co-sponsor of the statewide *Voices of Children Annual Kinship Care Contest*. Children from ages 5-19 who are living with a relative can write a poem, essay or draw a picture (if age 7 or younger). All entries are published in an annual publication and the 6

winners get to meet with the Governor, receive $100 along with two Mariners tickets. The writings in the booklets are shared with the media, legislators, kinship caregivers along with public and private agency staff. We plan to continue to hold this event annually over the next four years.

State and National Collaborations

Washington State Kinship Care Oversight Committee

In 2003, The Washington State Legislature authorized the creation of the Washington State Kinship Care Oversight Committee. The committee was reauthorized in 2005 to continue until 2010. ADSA participates in subcommittees and in general quarterly meetings along with other Department of Social and Health Services' (DSHS) administrations; Economic Services Administration and Children's Administration and community advocates, support group leaders, kinship caregivers and services organizations. The group advises DSHS on policy and legislative issues related to better serving kinship care families. Over the next couple of years, legal and respite care issues will receive attention from the committee.

State Kinship Care Task Force

ADSA collaborates with other DSHS administrations to inform, train and network to better serve kinship care families. In June 2006 this group is co-sponsoring along with Casey Family Programs and Washington State University an all day kinship care video conference. In 11 sites throughout the state, public and private professionals will come together to learn about best practices, how to collaborate on the local level as well as receive information on critical resources and services. Governor Christine Gregoire will provide opening remarks.

Generations United National Expert Training Group

ADSA's Kinship and Family Caregiver Program Manager was appointed to the

Generations United National Expert Training Group where she and 20 other individuals are available to present at national, state or local conferences on kinship care issues. In 2005, ADSA staff traveled to Georgia to conduct a two- day training to the AAAs on developing local kinship care programs in their state. In spring of 2006, staff will be conducting three trainings based on the kinship care program successes Washington State has experienced in Victoria, British Columbia for both governmental, university and family agency organizations.

National AARP Grandparent Information Center (GIC) Newsletter Committee

ADSA staff is a representative on the National AARP Grandparent Information Center (GIC) Newsletter Committee where she provides feedback and recruits persons to be interviewed for the quarterly national newsletter for Grandparents Raising Grandchildren.

Exhibit 1, Goal 2, Objective 2

Goal 4. Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and

exploitation.

Elder rights policies are reviewed and discussed annually at the Access to Justice Conference, which is sponsored by the Washington State Bar Association with sponsor funding from ADSA (Title VII). This three-day Conference brings together lawyers, judges, and consumers to determine how to improve the access to justice in the state. This organized group discusses legal needs of the Justice System, and comments on the plans and needs of elders. These work products are followed up on in the various committees and meetings. One of the outcomes of this group was a legal needs survey done a couple of years ago. The survey found low-income vulnerable seniors and domestic abuse survivors get attorney assistance for legal problems most often but still face more than three quarters of legal problems on their own. There is a great need for more funding for legal services.

Another aspect of Elder rights, are focused on at the "Making the Case for Justice—An In-Depth Look" Conference, which is sponsored by the King County Prosecutor's Office, AARP and ADSA. This two-day conference is held annually and brings together law enforcement and prosecutors, investigators of elder abuse, including APS, RCS, ombudsmen, and others to determine how to enhance the investigation of elder abuse through education and collaboration with related agencies in the state. ADSA contributes $7,500 (Title VII) annually toward this event and has an active roll on the planning committee.

Access to professional guardians is another important right that ADSA supports. ADSA contracts with the King County Bar Association to train 275-300 individuals per year as Guardian Ad Litems (GAL). In addition, through the contract they maintain a training manual for GAL. In the coming year the manual will be created in a secure CD and internet version. The King County Bar Association will post and maintain a webpage where the public can access the Title 11 Guardianship Guardian as Litem Manual.

Exhibit 1, Goal 4, Objectives 1 and 2

See also Exhibit 6, State Elder Rights and Legal Assistance Development Program for additional detail

Description of Elder Abuse Services

1) The Title VII funding is of two parts. One part goes to the Ombudsman via the Department of Community Trade Economic Development, The other is given to the AAA's none of which have any direct Adult Abuse Program. The APS staff are state staff funded by the state. The AAA's are responsible for referrals and for education.
2) Washington State provides Ombudsman services through a contract with a non-profit agency, via Department of Community Trade Economic Development (DCTED). The State Unit on Aging and ADSA have no direct control over either entity. We do have a program manager who reviews that there is no reduction of funding, and that limitations are not placed on the Ombudsman's activities

3) The Ombudsman has a total budget of over one million dollars, and is comprised of staff, assistants, training staff and volunteers. The Ombudsman has a contract with an attorney. The paid Regional Ombudsman and their volunteers are generally located in the Area Agencies, but some may be in community Action Agency Offices. The program is active in all regions of the state and looks into Nursing Homes, Boarding Homes, Assisted Living, and Adult Family Home complaints.

4) The State ensures that the program meets the OAA requirements for adherence to State law, coordination with existing State adult protective services activities by spreading the Title VII money among the AAA's according to the Funding formula less a holdback for statewide projects such as the Supreme Court's legal needs study. In addition:

a) Area Agencies do public education to identify and prevent elder abuse,

b) As shown by the Fact Sheet ADSA receives 30,000 reports of elder or vulnerable adult abuse each year,

c) The AAA's solicit active participation of older individuals for programs under the OAA through outreach, conferences, and referral,

d) State law requires referral of complaints to law enforcement by the department and to the department by a group of mandated reporters to public protective service agencies.

4. The state continues to do caregiver training and workshops for family and other unpaid caregivers.

Title VII non-supplantation rule

The State policy as expressed in this plan will be to make sure that the Title VII non-supplantation rule will be carried out by the ADSA monitoring that this will be done by the contract agencies.

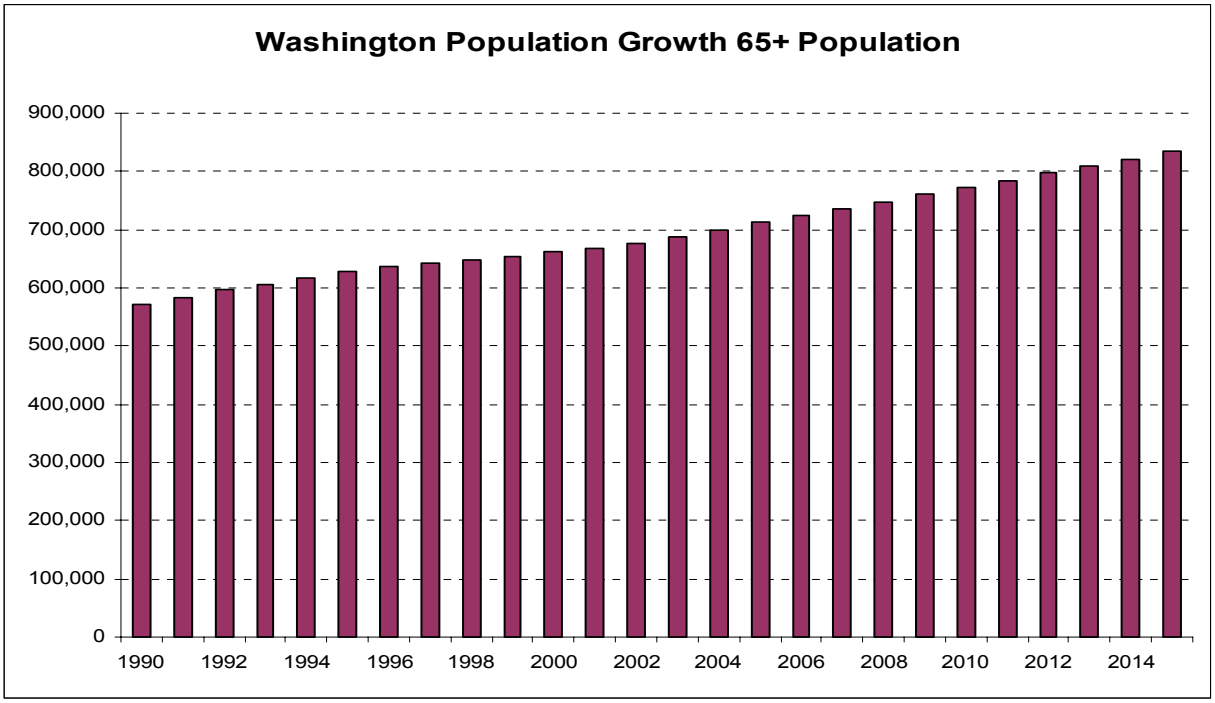
No additional restrictions

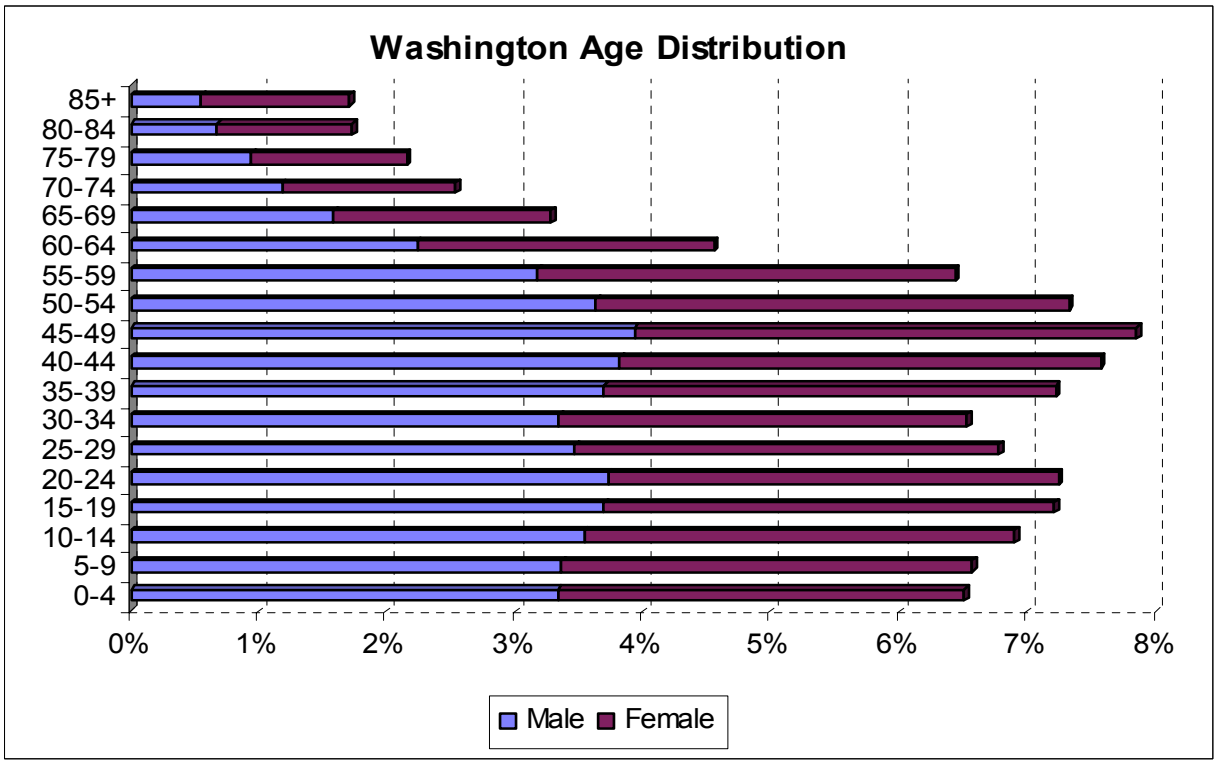
Washington State will follow the requirement that no additional restrictions will be established for the designation of local ombudsman entities. Though this plan the ADSA adopts the policy that no additional restrictions will be placed on the designation of ombudsman entities and the ADSA will monitor that this will be done.

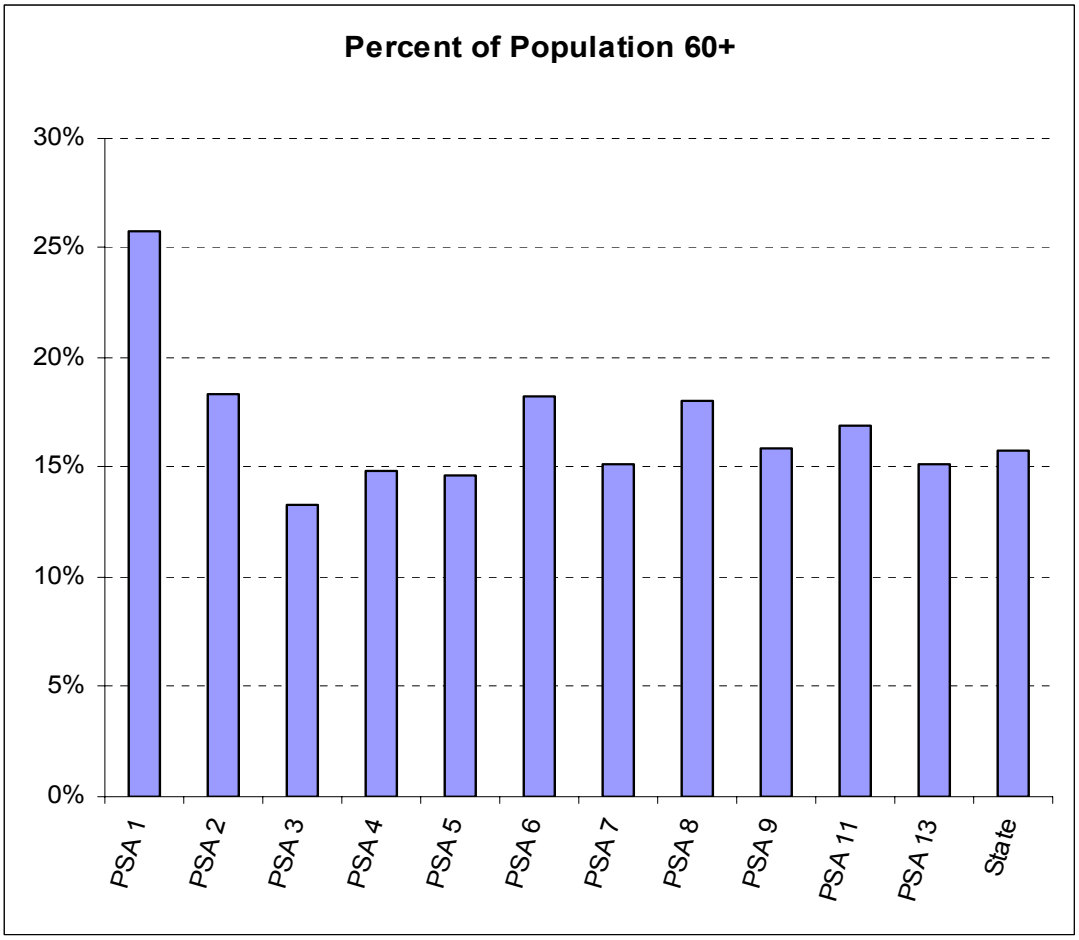
The Exhibit 7 is a Fact Sheet prepared by ADSA showing how the Adult Abuse program functions in Washington state. This program does not use Title VII money, and has been increased due to several high profile cases.

Demographics of Washington State's Elder Population

The charts and graphs on the next several pages are based upon 2000 Census data (US Census Bureau) that has been updated for 2004/5 by the Washington state Office of Financial Management (OFM).



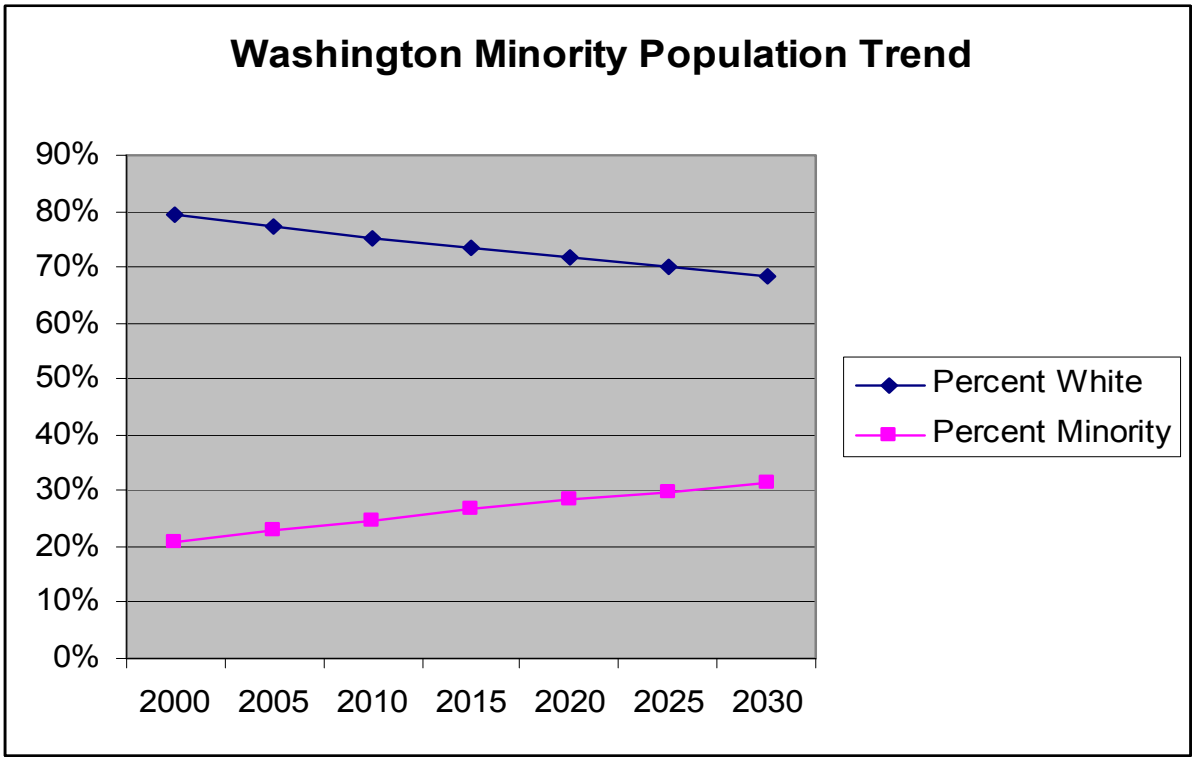


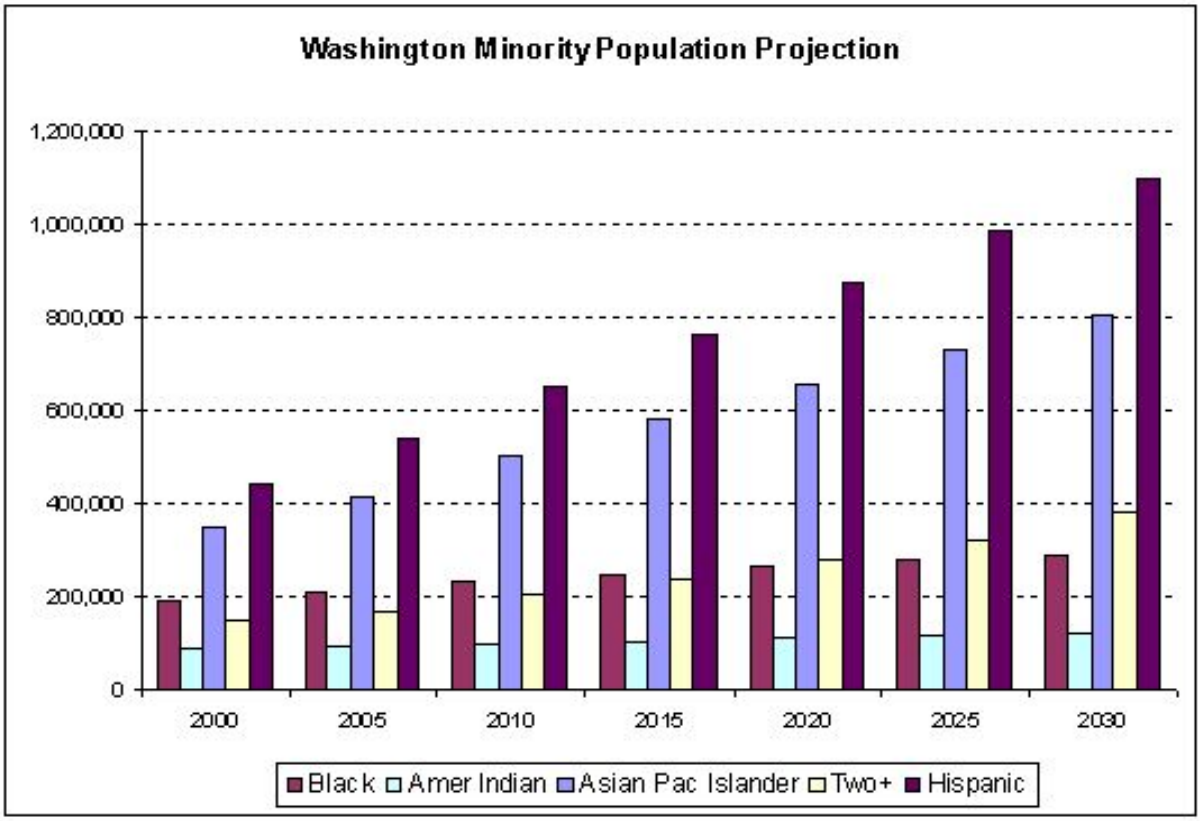


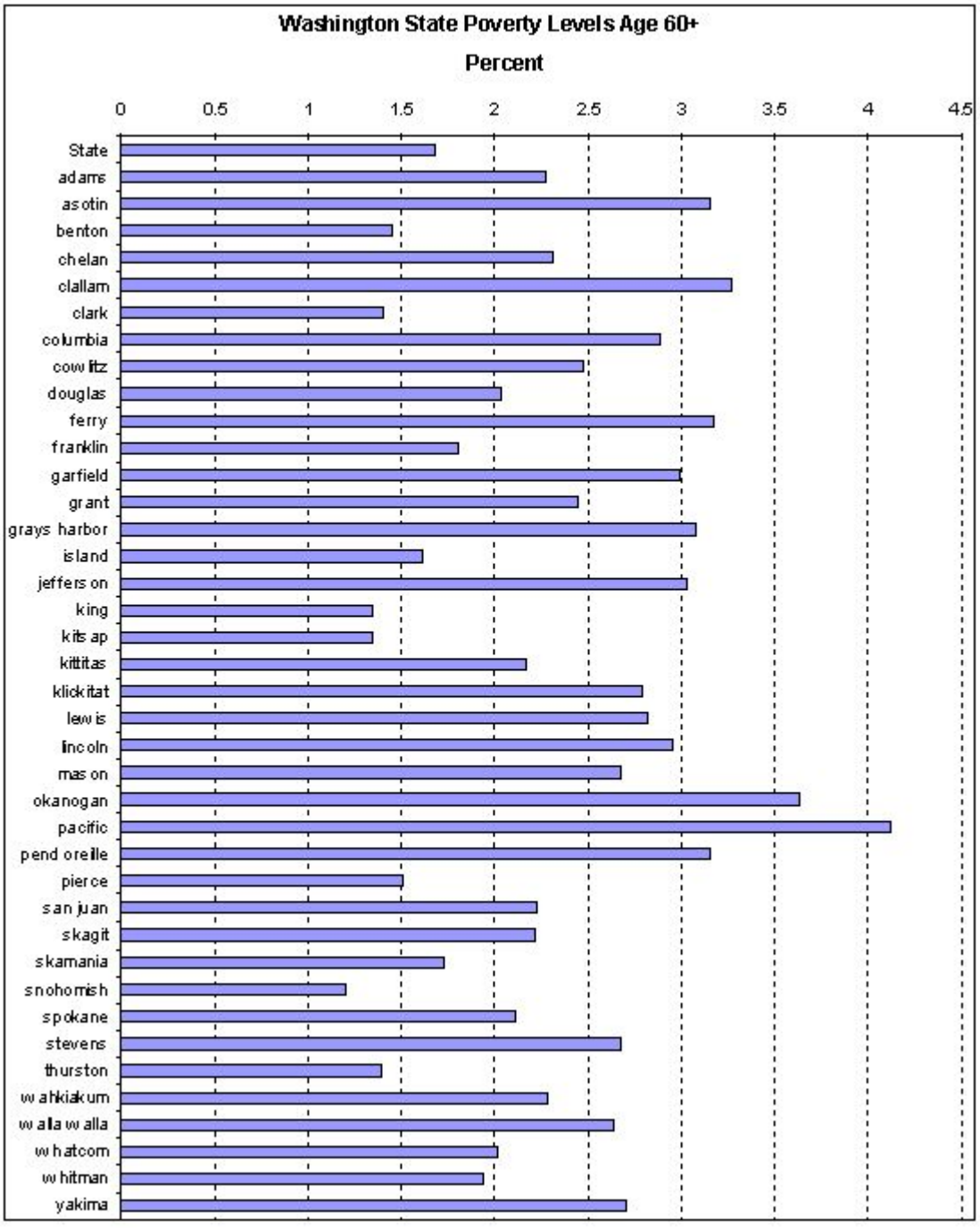
*Based upon 2005 OFM estimates.
PSA's 10 & 12 did not have separate statistics available due to tribal boundaries not following county lines. Their numbers are included in the counties where the tribes are situated.

The aging of the Baby Boomer generation will greatly increase the numbers of Washingtonians needing supportive services. Office of Financial Management forecasts rapid growth in the state's 65+ population beginning in 2005. The 65+ population is estimated to have been 696,555 in 2004 and is expected to grow to 812,200 in 2010; 1.2 million in 2020; and 1.6 million in 2030.

Census data on race and ethnicity can be difficult to interpret: "race" and "Hispanic ethnicity" are asked as separate questions. Thus, a Hispanic person can be of any race. Changes over time in the Census categories regarding race can also make trend data difficult to interpret: for example, persons who selected "Native Hawaiian or Other Pacific Islander" on the 2000 Census, the first to offer this category, could have responded in a number of different ways on previous Censuses. The 2000 Census also marked the first time that respondents were allowed to select more than one racial category. On earlier Censuses, multiracial individuals were asked to chose a single racial category, or respond as Some Other Race.


Washington Minority Population Trend
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2000
2005
2010
2015
2020
2025
2030
Percent White
Percent Minority


Washington Minority Population Projection
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0
2000
2005
2010
2015
2020
2025
2030
Black
Amer Indian
Asian Pac Islander
Two+
Hispanic


Washington State Poverty Levels Age 60+
Percent
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
State
adams
asotin
benton
chelan
clallam
clark
columbia
cowlitz
douglas
ferry
franklin
garfield
grant
grays harbor
island
jefferson
king
kitsap
kittitas
klickitat
lewis
lincoln
mason
okanogan
pacific
pend oreille
pierce
san juan
skagit
skamania
snohomish
spokane
stevens
thurston
wahkiakum
walla walla
whatcom
whitman
yakima

Cost Sharing

The state of Washington has decided to implement Cost Sharing for those services that receive state financing that already requires Cost Sharing. The rules for Cost Sharing will be the same as the rules for the Senior Citizens Services Act sliding fee payment schedule, with the exception that the Federal Cost Sharing will not have a resource test and will have an opt out provision pursuant to the OAA.

Cost Sharing — Services Requiring Cost Sharing and Waiver Requests

Service paid for by Title III & SCSA	Cost Sharing required
SCSA Chore Services	**Yes**
Respite Care Services	**Yes**

It is our intent that this will not add to the workload or change present practice at the AAA's. Area Agencies may request a waiver of the policy. Waiver requests need to document that —

(A) a significant proportion of persons receiving services under this Act subject to cost sharing in the planning and service area have incomes below the threshold established in State policy; or .

(B) cost sharing would be an unreasonable administrative or financial burden upon the area agency on aging.

FINANCIAL PLAN

Shown below are the allotments for the most recent fiscal year to each Area Agency.

OLDER AMERICANS ACT
2006 INITIAL ALLOTMENTS

AREA AGENCY	IIIB - Supportive Services	IIIC1 - Congregate Meals	IIIC2 - Home Delivered Meals	IIID - Preventive Health	IIIE - Nat'l Family Caregiver	TVII - Elder Abuse	TOTAL
	NEW	NEW	NEW	NEW	NEW	NEW	NEW
OLYMPIC	324,168	327,357	175,082	19,715	132,426	3,757	982,505
NORTHWEST	382,293	386,076	206,480	23,920	160,672	4,558	1,163,999
SNOHOMISH	487,564	492,437	263,348	32,082	215,503	6,114	1,497,048
KING	1,601,039	1,617,267	864,820	112,637	756,599	21,461	4,973,823
PIERCE	622,773	629,025	336,385	41,864	281,208	7,978	1,919,233
LMT	350,654	354,119	189,390	21,813	146,522	4,157	1,066,655
SOUTHWEST	449,343	453,804	242,697	28,588	192,031	5,448	1,371,911
CENTRAL	408,402	412,439	220,581	25,444	170,911	4,849	1,242,626
SOUTHEAST	604,721	610,749	326,625	39,282	263,863	7,486	1,920,071
YAKAMA NATION	66,870	67,528	36,116	4,040	27,138	770	135,117
EASTERN	568,888	574,568	307,272	37,237	250,124	7,096	1,745,185
COLVILLE INDIAN	36,476	36,824	19,698	1,841	12,368	351	107,558
KITSAP	213,453	215,530	115,280	12,252	82,298	2,335	641,148
TOTAL	$6,116,644	6,177,723	3,303,774	400,715	2,691,663	$76,360	18,766,879

Exhibit 1—State Plan Objectives

The attached "Strategic Plan" for Aging and Disability Services Administration is, for all intents and purposes, the Goals and Objectives of the Administration for the next four years. With the merger of Developmental Disabilities and Aging & Adult Services into Aging & Disability Services Administration in 2002, this current ADSA Strategic Plan includes people of all ages with disabilities. A blurred line exists regarding how senior citizens with developmental disabilities are served. Individuals will participate in the program that best fits their needs. HCS serves some adults and seniors with development disabilities, particularly those who did not participate in DDD services before they were 18 years old. DDD serves individuals who have aged into senior status while on their services. For this State Plan on Aging purpose, issues pertaining only to DDD children will be grayed out.

We incorporate this strategic plan as the objectives of this State Plan on Aging.

DRAFT

Strategic Plan 2007-2011

Aging & Disability Services Administration

Washington State Department of Social & Health Services

Kathy Leitch
Assistant Secretary
July 1, 2006

Purpose of This Document

This strategic plan communicates how we will advance our mission and goals in a changing environment and meet our future challenges, so that we can better serve the most vulnerable populations in Washington State. This document is a road map that guides the business policies and improvement strategies for our organization, employees and partners.

For more information about this document please contact Denise Gaither at (360) 902-7455 or by e-mail at gaithds@dshs.wa.gov.

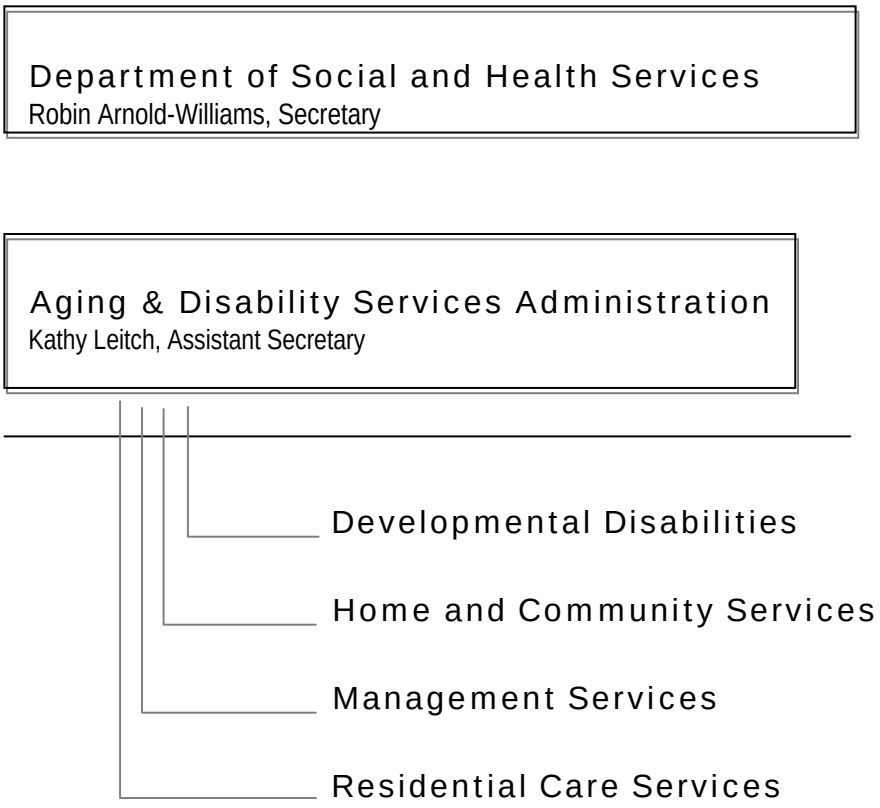


Table of Contents

Executive Summary

The populations served by the Aging and Disability Services Administration are growing and their needs are becoming more complex. At the same time, funding for all government services is stretched thin and there is unlikely to be significant new governmental funding available.

Washington State is fortunate to have a history of respect for the autonomy of the individual and the role of informal caregivers. Washington's policymakers have developed a balanced array of quality services available for seniors and people with physical or developmental disabilities when state-paid services are required. ADSA has tried to be prudent managers of scarce resources, directing services to those most in need while respecting the individual's service preferences. The challenge for the state in the next several years will be to build upon these commitments, making improvements in targeted areas even in light of growing need and likely stagnant funding.

Two areas of particular focus will be preparing for a huge increase in demand for long-term care services as the Baby Boomers become senior citizens and better assisting people with developmental disabilities to be integrated into their communities. The strategies discussed in this plan are those that ADSA believes are consistent with our mission and authority. They are organized to accomplish the following broad goals:

- Maintaining an appropriate balance between institutional services and home and community services to ensure that individuals are able to receive services in the most appropriate, preferred setting possible.
- Supporting informal care for persons with disabilities and older persons who need long-term support.
- Expanding our vision to include helping Washington's citizen's plan for future care needs such as doing financial planning, engaging in health promoting behaviors, and benefiting from early intervention.
- Improving upon the already strong performance of programs that monitor the quality of care, quality of life, safety of vulnerable children and adults, and accountability of programs.
- Continuing to develop programs to respond holistically to individual needs.

The strategic plan also includes the necessary management and infrastructure strategies to accomplish these programmatic goals.

The plan provides an overview of ADSA's mission and authorities in Chapter 1. In Chapter 2, we describe the ADSA organization and the services we provide. Chapter 3 discusses client characteristics and anticipated changes in the external environment. In Chapter 4 we list the goals, objectives, and strategies we propose to address issues and the performance measures we will use to determine if we are achieving our goals. Chapter 5 provides informational charts about current ADSA programs.

MISSION

The Aging and Disability Services Administration assists children and adults with developmental delays or disabilities, cognitive impairment, chronic illness and related functional disabilities to access needed services and supports.

ADSA helps individuals and their families develop and maintain self-sufficiency; remain valued and contributing members of their community; and maximize quality of life by managing a system of long-term care and supportive services that are high quality, cost effective, and responsive to individual needs and preferences.

VISION

We achieve success by supporting individuals, families and caregivers; promoting early intervention services; expanding service options; and continuously improving quality of care in all settings. We contain overall costs by promoting prevention and self-reliance, reducing the unnecessary use of the most expensive services, and preventing or reducing the need for future services or resources.

For those individuals with chronic illness, cognitive impairment, developmental disabilities, and functional disabilities who need and are eligible for Medicaid-funded services, we envision an increasingly integrated social and health care program; one that delivers seamless medical, habilitative, mental health, long-term care, employment and supportive services based on each individual's unique strengths and needs in the individual's own community. These programs will be accountable for high standards of preventive care, which will be evidenced by predictive modeling and chronic care management that is outcome oriented and evidence based. In addition, these programs will demonstrate superior service quality, community integration, continuity of care and support, economic value, and consumer satisfaction.

GUIDING PRINCIPLES AND VALUES

ADSA VALUES:

- Individual worth, dignity, respect, self-direction and self-reliance.
- Social and health needs are inextricably linked.
- Respect for individual autonomy and ability of individuals to accept responsibility and risk and to be free from abuse, neglect, abandonment, financial exploitation, and discrimination.

- Family caregivers' critical role in providing support.

- Prudent management of state and federal resources and employment of outcome-oriented, accountable, efficient, research based practices for maximum public benefit.

ADSA's GUIDING PRINCIPLES:

- Individual choice and self-direction supported by professionals – not replaced by them.

- Services enable people to remain in their own home and community, whenever possible.

- Support for families and caregivers that improve client outcomes.

- Appropriate prevention, health management, and intervention services and policies to help alleviate future crises, maximize individual and family potential, and reduce the need for future, more expensive services.

- A cost-effective array of services to respond to diverse needs.

- Monitoring quality, safety, and accountability of federal and state licensed/certified residential care facilities, in the interest of residents, regardless of payment source.

- Prudent use of funds to serve those with the most critical needs first.

- Clear and consistent policies and procedures necessary to produce a reliable, accountable service system.

- Services that are culturally and linguistically appropriate for both clients and employees.

STATUTORY AUTHORITY

- The Federal Older American's Act authorizes a network of local Area Agencies on Aging (w/citizen advisory councils), as well as home/community services.

- Title XIX of the Social Security Act authorizes nursing facility services and the COPES, Medically Needy, and DD waivers, authorizing home and community-based services as an option to nursing facility or institutional services.

- Titles XVIII & XIX of the Social Security Act authorize Nursing Facility Survey to ensure consumer protection and quality of care.

- 42 CFR 483.400 authorizes services in ICF/MR facilities.

- Americans with Disabilities Act of 1990 (ADA) ensures equal access for individuals with disabilities.

- Public Law 105-17; The Individuals with Disabilities Education ACT (IDEA), Part C governs Infant, Toddler Early Intervention Services.

- 34 CFR 303 regulates the Early Intervention Program for Infants and Toddlers with Disabilities.

- RCW 74.04.025 authorizes services for Limited English Proficient applicants and recipients of services.

- RCW 74.39.050 authorizes self-directed care.

- Chapter 18.51 RCW authorizes the nursing facility license functions.

- Chapter 18.20 RCW authorizes the boarding home license functions.

- Chapter 74.46 RCW authorizes the nursing facility payment system.

- Chapter 74.42 RCW authorizes nursing facility case management associated with voluntary relocation of residents who wish to be served in community settings.

- Chapter 74.39 RCW authorizes in-hospital LTC assessment.

- Chapter 74.39A RCW authorizes COPES Medicaid Waiver, assisted living, personal care, chore services, Adult Residential Care and LTC quality improvement.

- Chapter 70.128 RCW authorizes the Adult Family Home program.

- Chapter 74.39A RCW authorizes in-home case management by Area Agencies on Aging.

- Chapter 70.195 RCW establishes the State Interagency Coordinating Council for Infants and Toddlers with Disabilities and their families. It also establishes County Interagency Coordinating Councils and requires state and local interagency agreements to define early intervention roles and responsibilities.

- Chapter 74.14A RCW establishes policy for children with emotional disturbances and mental illness, potentially dependent children, and families in conflict.

- Chapter 74.38 RCW (The State Senior Citizens' Services Act) authorizes home and community-based services.

- Chapter 74.34 RCW governs protection of vulnerable adults from abuse and neglect.

- Chapter 74.41 RCW authorizes Respite Services and the Family Caregiver Support Program.

- Chapter 18.18A RCW authorizes delegation of selected nursing functions.

- Title 71A provides for services to persons with developmental disabilities, including coordinated state and local programs.

- Washington State Constitution – Article XIII, Section 1 authorizes institutions for the benefit of persons with developmental disabilities.

INTRODUCTION

ADSA brings together, under one administrative organization, the major long-term care and supportive service programs designed for children, seniors, and adults with disabilities, developmental delays or disabilities, cognitive impairment, chronic illness and related functional disabilities. The array of services includes information and assistance; assessment; service planning; case management; chronic care management (in some locations); referral; early intervention and prevention services; employment services; home and community support and services; family and caregiver support and respite; a wide range of community-residential care options; nursing facilities; and residential habilitation centers for persons with developmental disabilities. Services are delivered either directly by ADSA employees or through partnerships with counties, Area Agencies on Aging, contracted agencies and providers.

ADSA administers a budget of approximately $4 billion per biennium and directly employs approximately 4,500 people to provide services for individuals in all stages of life, from birth to death. The following is a brief description of some of the services we provide. Chapter 6 of this plan provides a snapshot of the numbers of clients and providers, and average payment rates for ADSA's core services.

DESCRIPTION OF SERVICES

ADSA provides services to Washington State citizens ranging from birth to death. The Infant Toddler Early Intervention Program (ITEIP) serves approximately 7,400 children, birth to three years, and their families.

ADSA projects an average monthly Medicaid long-term care (LTC) caseload of approximately 48,000 seniors and adults with disabilities. Almost seventy percent of these clients are over age 65 with 30 percent aged 18-64. An individual must have a substantial unmet need for assistance with an Activity of Daily Living (ADL) to qualify for Medicaid services.

The administration anticipates providing case management for almost 35,000 individuals with developmental disabilities and arranging for paid services for approximately 20,000 of these clients.

In addition to providing for direct services to individuals eligible for Medicaid or state funding, ADSA provides quality assurance for all community-residential and nursing facilities, regardless of the resident's payment source.

Many of the services described below are funded largely by the Medicaid program. The

federal and state governments share in the cost of these programs. The federal government provides approximately 50% of the funding for Medicaid services and does not limit the amount of funding available. As long as the state provides its share of funding, the federal government will provide its matching share. As a result, most states have tried to expand these services.

Some Medicaid services such as nursing homes are considered "entitlements" that is, anyone who meets established criteria must be served. Some Medicaid services are provided under a "waiver" which allows the state to establish a waiting list of people who qualify for the service in cases where funding is not available. Funding is relatively flexible for long-term care programs and the service package has been managed so that waiting lists have not been necessary. For example, ADSA has been able to reduce nursing home use in order to fund additional home and community services. The DDD budget is less flexible, making it more difficult to authorize services in categories where funding is not available.

Other programs described in this chapter such as Information and Assistance, Family Caregiver Support, Employment, Respite, etc. are more heavily state funded making it more difficult to expand services.

Information and Assistance and Case Management

ADSA provides Information and Assistance and Case Management services to ensure that individuals and families receive assistance identifying and understanding their options as they plan for their care and support needs. Another critical responsibility is to ensure that care provided through state-funded services is managed with a goal of obtaining appropriate, good quality, cost-effective services.

Social workers and case managers assess the needs of individuals and their families and connect them to available supports and services. They coordinate planning and development of resources, authorize payment for any state-funded services, monitor and review service delivery, provide information about available services, refer persons to other sources of support, and assist individuals in crisis by linking them to resources.

Case management/information and assistance functions are handled differently as we work with persons with developmental disabilities and seniors or younger persons with physical disabilities.

Case managers in the Division of Developmental Disabilities (DDD) provide information and assistance, determine eligibility for DDD services. They provide case management services for individuals who may or may not receive services funded by the state. "Developmental disability" means a disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or another neurological or other intellectual disability requiring similar services. To be eligible for services through the DDD, the disability must have originated before age eighteen, be expected to continue indefinitely, and constitute a substantial handicap to the individual.

For long-term care services, case management is focused on persons receiving Medicaid funded services. ADSA employees throughout the state assess individual needs, and determine financial eligibility, develop service plans, and refer clients to services for state-funded long-term care programs. If an individual is determined eligible for state-funded long-term care in their own home, ongoing functional eligibility, service planning, case management, and monitoring are provided by the local Area Agency on Aging. If an individual is determined eligible for state-funded long-term care provided in a community residential setting such as a boarding home or adult family home, or in a nursing home, state employees provide service planning, ongoing case management and monitoring.

The broader information and assistance (I&A) function for seniors and their families who need access to community services that may or may not be funded by the state, including long-term care services, is provided through contracts with Area Agencies on Aging statewide.

The federal government is interested in improving accessibility to information and assistance and has provided grants to several states, including Washington to develop an "Aging and Disability Resource Center" (ADRC) pilot site. This grant will test a model in which one agency provides information and assistance for all individuals with disabilities of all ages.

Early Intervention and Prevention Services for Children

Early Intervention Services are intended to enhance the development of eligible infants and toddlers and enhance the capacity of families to meet the special needs of their children. The Infant Toddler Early Intervention Program (ITEIP) enhances and coordinates existing early intervention services for approximately 7,400 children ages birth-to-three and their families during a year (more than 4,000 children and their families are served on a single day). The program assures that federal service standards are followed. These services include family resources coordination, therapies, and family training and counseling for children age birth to three, with developmental delays or disabilities, and their families.

This program allows families to access early intervention services statewide in their local communities. To ensure the statewide service delivery, a multi-agency system and data collection mechanism, ITEIP contracts with locally-designated lead agencies. Local Lead Agencies responsible for services within their geographical area hire Family Resources Coordinators who assist families through a community team process to complete an Individualized Family Service Plan (IFSP). The IFSP defines services, settings and funding sources to assist in meeting the developmental needs of the child.

Local resources are key in providing necessary services. But local resources may be limited. Washington's legislature recently passed a bill requiring that by 2009 all school districts will provide early intervention services for children ages birth to three in coordination with local lead agencies. It is likely that there will be discussions in the future about strengthening the participation requirements of counties in early intervention programs.

Approximately 70 percent of the children served are eligible for Medicaid services. Over 20 percent of all infants, and toddlers, and their families served by ITEIP no longer need special education services as they exit the ITEIP program.

Employment and Day Programs

Approximately 40 percent of adults enrolled by DDD are involved in an employment or day program. DDD supports employment and day services, including child development services, through contracts and partnerships with county governments. The counties select and contract with service providers or directly provide many of the employment and day services. Services include:

- Employment services that provide ongoing support for persons with paid jobs.
- Community access services to assist individuals to participate in activities, events and organizations in the local community in ways similar to others of retirement age.
- Child development services that are coordinated with the Infant Toddler Early Intervention Program, including therapy, education, family counseling, and training provided to children until age three when they become eligible for programs through public schools or other community programs.
- Person-to-person services, which help individuals articulate a personal vision for life in the community, including employment; and locate sources of personal support in the community to enhance that vision.
- Time-limited individual and family assistance services to help individuals and families use natural and informal community supports.
- Information and education services to assure that individuals and families have current information about supportive services.
- High School Transition, which works with school districts to prepare individuals with developmental disabilities who are leaving high school for employment opportunities.

In 2004, the Division of Developmental Disabilities issued a "working age adult policy" establishing employment supports as the primary use of employment/day program funds for working age adults. The policy is intended to focus county authorized services on supports to pursue and maintain gainful employment in integrated settings in the community. Community access is beginning to be focused upon older adults (over age 62) who have retired from work. The working age adult policy will be fully implemented in July 2006.

In-Home Services

In-home services, largely funded by Medicaid, are available statewide. Services are structured to allow an individual to remain living in his or her own home rather than moving to a residential facility. Services include assistance with activities of daily living such as eating, dressing, or mobility, as well as necessary home modifications, emergency response devices, adaptive devices or equipment, delegated or directly provided nursing services, and training of participants in addressing their needs. Personal care assistance is provided either by an Individual Provider (IP) who is hired directly by the person needing assistance

or by a caregiver who works for a licensed and contracted home care agency. Other types of in-home services are provided through contracts managed by Area Agencies on Aging. ADSA pays for services for eligible individuals.

Residential Services
Residential services are also largely funded by Medicaid. They are available statewide although program managers in report a need for more resources that serve persons with special needs such as behavioral, mental health, and chemical dependency services. Additionally, more resources are necessary in some of the more rural counties.

The most commonly used residential options include group homes, adult family homes, boarding homes, community Intermediate Care Facilities for the Mentally Retarded (ICF/MR), State Operated Living Alternative (SOLA), and supported living programs. Residential settings may be licensed facilities (boarding homes, adult family homes, group homes, ICF/MRs) or smaller, certified or contracted settings in which individuals may share housing and services (SOLA, supported living, companion homes). Services in residential settings may include supervision, personal care, room and board, and limited nursing. In addition to providing direct care, residential providers may help persons with developmental disabilities learn new skills such as shopping, cooking, managing money, and using community resources.

Residential options range from small (1-2 individuals) to large (boarding homes have on average of 46 beds). ADSA contracts with providers of the various residential options for services for individuals who are eligible for Medicaid.

The Community Protection program provides intensive 24-hour supervision for individuals who have been identified as being a danger to their community due to crimes they have committed. This program provides an opportunity for participants to live in the community and remain out of prison or other justice settings. Safeguards are in place to protect neighbors and community members, to the extent possible. Case managers work with a team of professionals including the provider to develop supports that may eventually enable the individual to live in a less restrictive setting. Case management for these individuals is particularly challenging and the numbers of individuals who might benefit from the program is growing.

Other residential options include nursing homes and Residential Habilitation Centers (RHCs). Most nursing homes are privately-operated facilities, licensed by the state, and contracted with ADSA to provide services for individuals who are eligible for Medicaid. Residential Habilitation Centers (RHCs) are state-operated facilities that serve persons with developmental disabilities. They may be certified as ICF/MRs or as nursing facilities. While these more institutional settings will likely remain important services in the future, discussions are necessary about how much investment should be made in these areas. The nursing home occupancy in 2004 was 87%. There is a need for discussion about whether the nursing home bed need ratio should be revised downward. There has been ongoing policy discussion about whether or not to continue operating all five RHCs. At this

time, the decision has been made to keep all five facilities open but this will require significant capital investments to maintain state and federal certification requirements.

Informal Caregiver Support and other services

Informal, unpaid caregiving is a critical piece of the long-term care system. Family and other unpaid caregivers provide nearly 80% of all long-term care in this country. In Washington State, it is estimated that more than 570,620 family caregivers provide 611,000,000 hours of care at a value of over $5.4 billion helping adults (18 years and older) who have chronic illnesses or serious disabilities. Caring for an ill family member can be physically demanding and exhausting, and can leave the caregiver feeling overwhelmed, frustrated, or fearful.

Unlike the Medicaid funded programs, supportive services for informal caregivers are not considered "entitlements". Funding is largely provided by the state and, once funds are spent, people in need may go without services.

However, studies suggest that relatively low-cost family caregiver supportive services can not only reduce the stress experienced by family caregivers, but can result in delayed placement in more expensive services for the person needing care. A recent study in Minnesota found that each dollar spent in family support/respite programs saved $8 in future long-term care services. This strategic plan includes steps to seek additional funding for services to support informal caregivers.

ADSA, through its partnership with the AAAs, operates the Family Caregiver Support Program. Unpaid family and other informal caregivers can access a variety of core services: specialized caregiver information and assistance, training, counseling and support groups, respite care and supplemental services which provide needed supplies or equipment.

DDD operates the Family Support Program to support families caring for a family member with a developmental disability in their own home. The program provides families with supports such as respite care, transportation, specialized aids, and therapies to help continue caring for the family member at home. As mentioned, funding categories can limit access to these supportive services. Families may use the RHC as a respite provider because RHC services are considered "entitlements" and funding for community respite services is limited. This strategic plan includes a proposal to seek increased funding for less costly community respite services for persons with developmental disabilities.

In addition, grandparents and other relatives raising children (known as kinship caregivers) are a fast growing group of caregivers. In Washington State, the 2000 census reported that there were at least 35,341 grandparents who are the primary caregiver for their grandchild(ren).

Financial assistance was determined in a 2002 statewide survey to be the most significant unmet need of kinship caregivers. The Washington State Legislature's 2004 operating budget included $500,000 to provide emergent needs funding to help kinship care families.

The AAAs, along with their subcontracted community agencies provide funds to help with the cost of needed supplies and services, such as housing, food, clothing, supplies, and school activities.

In addition, kinship caregivers often lack knowledge of available support services. Currently a number of Kinship Navigators (the 2005 state budget provided funding for two positions) provide a one stop shop service, along with emotional support to help guide kinship caregiver through challenging times.

Some families with children with developmental disabilities participate in the Voluntary Placement Program which allows birth or adoptive parents to retain custody of their child while participating in shared parenting with foster care providers.

ADSA provides a variety of additional supportive services intended to help prevent the need for future, more expensive services. These services may be contracted through counties, Area Agencies on Aging, private agencies, or individual providers and may include medical, dental, professional therapies, transportation, medically intensive services, family caregiver support, adult day health, home-delivered or congregate meals, respite care services, nutrition education and health promotion/disease prevention and legal services.

As the numbers of people needing care increases, we anticipate that supports for informal caregivers and the types of other services mentioned above will become even more necessary to help individuals and families to continue to provide for their own needs.

Services focused on monitoring quality, safety, and accountability:

ADSA is responsible for monitoring the quality, safety and accountability of the services provided to Washington State citizens regardless of whether or not those services are paid for by governmental funds. ADSA licenses all adult family homes, boarding homes, and nursing homes statewide, regardless of whether the facility contracts to provide Medicaid services. We also certify Supported Living programs. The administration has delegated authority from the federal Centers for Medicare and Medicaid Services (CMS) to certify nursing homes and Residential Habilitation Centers for the Medicare and Medicaid programs.

Licensure and certification inspections of residential facilities are done on a timeframe established in statute. Nursing homes must be inspected at least every 15 months with adult family homes and boarding homes receiving inspection at least every 18 months. Supported Living programs are certified every two years. Inspections are unannounced and they are scheduled so that facilities who have had problems in the past are inspected more frequently than those who have not.

The ADSA licensure program is held up as a national model. However, improvements can be made. Adult family homes may have fewer outside contacts than larger facilities so

program administrators would like to have resources to visit newly licensed adult family homes within 90 days of the start of operations to ensure that providers understand and are meeting requirements. Additionally, the nursing homes benefit from periodic visits of Quality Assurance Nurses who provide technical assistance. If resources were available, this program would likely benefit boarding homes and adult family homes. In the Supported Living program, resources are not currently available to do a follow up visit after a certification inspection to ensure that problems have been corrected. Additionally, administrators would prefer to have supported living providers visited more often than every two years if resources were available.

ADSA also has responsibility for following up on complaints made about care provided in all settings, regardless of whether the individual receives paid services or not. Timeframes for complaint investigation are established by policy.

ADSA's Adult Protective Services program (APS) receives and investigates complaints of abuse or neglect of vulnerable adults who live in their own homes, regardless of whether they receive long-term care services. APS also investigates complaints when a vulnerable adult resides in a residential setting and the alleged perpetrator is not an employee of the setting. A Vulnerable Adult is defined in statute and includes a person:

- Sixty years if age or older who has the functional, mental, or physical inability to care for himself or herself; or
- Found incapacitated under Chapter 11.88 RCW; or
- Who has a developmental disability as defined under RCW 71A.10.020
- Admitted to any facility; or
- Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or
- Receiving services from an individual provider.

ADSA's Residential Care Services Division (RCS) receives and investigates complaints related to licensed and certified residential facilities.

Complaint investigators work with local law enforcement, the long-term care ombudsman's office, and other local agencies to investigate and resolve problems.

If a complaint is substantiated, ADSA may employ a variety of tools to respond to the problem. Residential facilities may be required to develop a plan of correction as a result of a substantiated complaint. They may also receive a fine, a stop placement, a condition of their license or a license revocation in more serious situations. When a complaint related to a vulnerable adult who lives in his or her own home is substantiated, APS may help the person move to a different care setting, change caregivers, or get a protective order or guardianship. In certain serious situations, an individual may have their name placed on a registry that will prohibit future employment in long-term care settings.

Typically, the complaint investigation process in a residential facility focuses on whether

the facility systems failed to protect residents. In nursing homes, the ADSA Resident Protection Program pursues serious allegations in which an individual employee of the facility is alleged to have caused a resident harm. Program administrators would like to expand this program to boarding homes and adult family homes but do not currently have the resources.

National statistics indicate that only one in five allegations of abuse is ever reported. Allegations may relate to serious or life-threatening harm, self-neglect, abandonment, physical or verbal abuse, financial exploitation, or unhealthy living conditions. ADSA has made efforts to encourage reporting of abuse through public awareness campaigns, local training, publishing toll-free complaint phone numbers, and so on. We also work to prevent abuse through respite and caregiver support programs to help avoid burnout. This strategic plan includes strategies to encourage more reporting of potential problems. It also includes strategies to deal with increasing numbers of complaints.

ADSA has a responsibility to ensure the accountability of its programs. Many of the functions discussed above such as case management, licensure, and complaint investigations have an accountability component. These functions are supported by an infrastructure that helps them accomplish their jobs. The infrastructure may include such things as information technology, contracting processes, accounting functions, supervisory and administrative support. The strategic plan identifies area where these infrastructure functions must be improved to support all of the important work done by the organization.

A key area of accountability that will continue to require management attention and new resources is the need to develop data systems to keep up with ever changing program improvements and new requirements. We will continue to devote substantial resources to improving our data systems for assessment of client needs and case management. Additionally, as resources become available upgrades are needed for the data systems used to calculate nursing home payments, and systems for planning and tracking residential facility inspections, adult protective services investigations, complaint investigations in residential settings, and the system-wide incident reporting system used in DDD.

Chapter 3 ● Client Characteristics and an Appraisal of the Changing External Environment

TRENDS IN DEMOGRAPHIC AND CUSTOMER CHARACTERISTICS

For more than a decade, all fifty states have been engaged in an effort to reduce Medicaid reliance on institutional services (e.g., nursing homes and RHCs) and expand home and community options. This effort is the result of a number of factors including the federal Olmstead ruling which requires states to move towards expansion of less restrictive options. Also important is the fact that, for many clients, home and community services tend to be less costly and more preferred than institutional services.

Washington State has been seen as a leader in this effort, reducing the portion of the long-term care budget spent on nursing homes from 82% in FY 91-93 to 45% in FY 05-07. But much work remains to be done.

Individuals are living longer and the population is aging. Advancements are being made in medical technology that result in adults with significant disabilities surviving much longer and successful supports to children with disorders at the time of birth that may previously have proven fatal. Additionally, the incidence of some conditions such as autism and dementia has increased over time.

The “Baby Boomer” generation is not only experiencing the dramatic social, emotional and financial impact of parent care responsibilities but they will soon also begin to look for ways to meet their own long-term care needs. Parents of children with developmental disabilities are increasingly caring for their children at home. More grandparents and other relatives find themselves as primary caregivers to their grandchildren or other kin.

Program experience indicates rising acuity in long-term care programs serving older adults and adults with disabilities. There are a growing number of high-risk clients with complex medical conditions, prescription drug requirements, cognitive deficits and functional and developmental disabilities. ADSA serves an increasing number of people with highly complex and challenging medical, psychiatric, and behavioral conditions. A 1997 study found that almost half of DDD clients have special needs in addition to their developmental disability, such as community protection issues, mental illness, language or cultural difference, and families who have difficulties coping with these special needs.

All these factors have resulted in a growing number of persons living with chronic illness, cognitive impairment, and developmental and functional disabilities who require assistance. The primary resource for long-term care continues to be family and friends.

Growth in the population needing care and smaller family size in the “baby boom” genera-

tion has combined to decrease the ratio of caregivers to those needing care. It is estimated that in 1990, there were eleven potential caregivers for each person needing care. By 2050, that ratio will be four to one.

The result of all these factors is that more support is being provided by everyone. Individuals with disabilities are finding a need to adapt to and address their own needs for much longer periods of time. Families are providing more support but the capacity of families to support a member needing care varies greatly. The result is an increasing demand for improvement and expansion of the state long-term care system to support and complement the ability of people with disabilities to care for themselves, and to enhance and sustain the ability of informal caregivers to help.

The aging of the Baby Boomer generation will greatly increase the numbers of Washingtonians needing long-term care. Office of Financial Management forecasts rapid growth in the state's 65+ population beginning in 2005. The 65+ population is estimated to have been 696,555 in 2004 and is expected to grow to 812,200 in 2010; 1.2 million in 2020; and 1.6 million in 2030. It is less clear how disability rates or individual's ability to pay for their own long-term care needs may change over time.

Discussions are ongoing in Washington and in the nation about how to prepare for what is likely to be an enormous increase in the number of people needing long-term care in the next 30-40 years. Clearly, the Medicaid program alone will not be able to absorb the growth in this need, even if the program focuses on serving individuals in the least costly settings that are appropriate to their needs. Multi-part strategies are needed that should include increasing the total amount, efficiency, effectiveness of the Medicaid contribution toward this demand; building and strengthening services outside of Medicaid, strengthening supports to informal caregivers, encouraging prevention and early intervention strategies, and encouraging individuals to plan and pay for their own long-term care needs.

Customer Characteristics

ADSA's customers include individuals who range in age from newborns to the oldest Washington State residents. Some customers receive only information or service coordination from ADSA. Some benefit from the quality assurance activities that ADSA conducts in residential facilities. Some individuals have their long-term care needs paid for in whole or in part through ADSA.

Individuals needing long term care and supportive services require a complementary set of medical, prescription drug, personal care, and supportive services. ADSA is working with DSHS partners to coordinate services through the Washington Medicaid Integration Project (WMIP) project. We will be evaluating whether the chronic care management provided in WMIP result in better coordination of care, better client outcomes, and cost-effectiveness. Additionally, ADSA has developed the CARE assessment instrument to better meet the need for holistic care planning. Several intensive, chronic care case management projects are also underway that build on ADSA's existing casework infrastructure

and, like WMIP, will be tested to determine if they provide better coordination of care, better client outcomes, and cost-effectiveness.

In addition to the increasing complexity of client needs, coordination of services for clients is becoming more complex. For example, helping clients understand the benefits available to them under Medicare Part D, Veteran's programs, Social Security, or local property tax exemptions for disabled adult children could consume enormous amounts of social worker and case manager time. The programs can be very beneficial for the client and could perhaps save state money but workers often do not have the time or expertise to fully explore all the available options. This strategic plan includes strategies to provide the infrastructure needed for staff to accurately analyze individual's needs, identify untapped supports, and help identify any appropriate additional services.

Data on individuals who receive paid services from ADSA indicates that our client base is at least as diverse as Washington's population. For example, African Americans represented about 3.5% of Washington's population in the 2000 federal census but made up a larger percentage of the ADSA service population in 2004 (3.7% in nursing homes and 6.7% in Medicaid Personal Care). However, there are areas where we must assess whether more effort is necessary to provide culturally and ethnically appropriate services. Asian and Pacific Islanders are slightly underrepresented in the COPES waiver (4.2% of the COPES population compared to 6.4% of Washington's population). However, Asian and Pacific Islanders make up almost 23% of the Medicaid Personal Care population.

ADSA strives to serve individuals in the settings that they prefer, usually in their own home or community. However, we also recognize the need to make institutional services such as nursing homes and RHCs available when they are needed and wanted by the individual. Some minority groups are slightly underrepresented in the nursing home Medicaid caseload. Native Americans make up 1.7% of Washington's population and 1.6% of the nursing home Medicaid caseload. Additionally, Asian and Pacific Islanders make up 6.4% of Washington's population but only 2.8% of the nursing home Medicaid caseload. The RHC census shows a smaller percentage of minority clients served than are represented in the general population. We hesitate to establish goals to increase services to diverse populations in these institutional settings since this is typically not a service that individual desires. ADSA's goals in the area of serving more diverse populations center around ensuring that preferred home and community services are available.

A recent policy change that is reflected in the strategies in this plan is the expansion of chemical dependency treatment that was authorized in the 2005 legislative session is an exciting opportunity for long-term care clients. Many clients have long-standing chemical dependency issues that impact their health and activities of daily living but these individuals have not historically had access to treatment. We anticipate that having treatment available for these people will help some reduce or avoid the need for long-term care services. However, two resource issues associated with this project have emerged. First, the Legislature removed $6.8 million from the FY 05-07 ADSA budget under the assumption that expansion of chemical dependency treatment would help reduce the nursing home

caseload by 42 in FY 06 and 110 in FY 07. In practice, the program is targeting individuals who are not receiving nursing home services. While expanded treatment may help divert some people from ever needing nursing home care, there is no way to document the number of any cases that might have needed nursing home care had they not received chemical dependency treatment.

Additionally, implementation of expanded chemical dependency treatment programs will require additional efforts and new working relationships on the part of everyone involved. Social workers and case managers and treatment program staff will need to build relationships and share information and education about chemical dependency programs and specific needs of elderly and disabled clients. There will have to be a way to track referrals, participation in programs, and the progress of ADSA clients. The special needs of elderly and disabled clients will also require new efforts to educate long-term care providers about the signs of chemical dependency, develop transportation systems that can take long-term care clients to treatment providers, and so on. While ADSA management and staff are committed to making this program a success, no resources were provided to assist in that effort.

POTENTIAL CHANGES IN ECONOMY THAT CAN AFFECT CLIENTS' NEEDS

Competing demands for limited funds have spurred discussions about changes in policy and funding for long-term care nationally and within Washington State. Wars, tax cuts, natural disasters in the southeast, and implementation of Medicare Part D have all stretched the resources of the federal government. Additionally, the rapid growth of the Medicaid program nationally has been a topic of national concern. As a result, a number of proposals have been put forward to reduce Medicaid expenditures. In the long-term care program, proposals have focused on reducing the individual's ability to transfer or shelter assets in order to become eligible for Medicaid and looking at stricter financial review requirements for providers of home and community services in order to reduce cost. Longer term efforts on the part of the federal government include developing pilot projects to encourage individuals to plan for their own long-term care needs rather than relying on government programs.

In Washington State, policymakers have shown concern about the state's ability to fund long-term care programs into the future by establishing a Long-Term Care Task Force that will look at alternate financing systems.

A relatively recent trend in the external environment that will impact long-term care in Washington State is the strong union representation of home care workers. The 2005-07 state budget makers were required by law to consider the collective bargaining agreement negotiated between home care workers and the Governor's Office. Collective bargaining by workers has resulted in improved wages, benefits, and working conditions – a positive outcome for long-term care programs. However, this also puts upward pressure on the cost of care. Several years ago, the average per capita cost of an in-home Medicaid client was 25% of the average nursing home cost. Increased case complexity that requires more

hours of care per person has combined with other factors to increase that to 33% of the average nursing home cost in November 2005.

Chapter 4 ● Goals, Objectives, Strategies and Performance Measures

Goal 1: Maintaining an appropriate balance between institutional services and home and community services.

Objective 1: Reduce nursing home caseload to 10,500 by FY 11.

Strategies:

- Continue to assist individuals and families to identify preferred alternatives.
- Develop QA monitoring system targeted to Nursing Facility Case Managers.
- Develop data reports showing where nursing home placements come from and where discharges go to help target relocation efforts.
- Develop systems to reduce barriers to nursing home relocation.
- Work with the Department of Health, nursing home associations, stakeholders to review the nursing home bed need formula in light of significant numbers of empty beds.

Performance Measures:

- **Nursing home caseload** (activities: E064 Nursing Home Services).

Objective 2: Manage the census of the Residential Habilitation Centers within budget

Strategies:

- Continue to offer least restrictive settings to clients.
- Continue management review of new RHC placements to ensure compliance with census expectations in the FY 05-07 budget.

Performance Measures:

- **RHC census** (activities: D036 DD Field Services, D086 RHC).

Objective 3: Payment methodologies are fair and consistent and encourage service in appropriate settings.

Strategies:

- Complete and implement standardized rates for supported living and DD group homes.
- Complete a study of adult family home costs to determine if ratio of payment rates to costs are consistent with boarding home rates and costs.

- To the extent possible, adjust program expectations or request funding for rate increases for vendors with rates more than 10% lower than appropriate market levels.
- Participate in MMIS re-procurement.
- Develop budget-neutral nursing home payment proposal that focuses more funds on direct care services.
- Request funding for a re-write of the Nursing Facility Information System that supports nursing home payment system.

Performance Measures:
- Standardized rates are in place for supported living & DD Group homes (activities: D079 Program Support for DD, D087 Residential Program, E051 LTC Administration.

Objective 4: Expand the types of home and community services that are available and access to those services.

Strategies:
- Assist rural communities to expand community residential resources.
- Work with AAAs to improve rural access to home care and other COPES-funded support services.
- Work with tribes to develop residential resources.
- Develop community resources to for specialty services such as services for individuals with Traumatic Brain Injuries, chemical dependency needs, mental health needs, behavioral issues, etc.
- Work to make Medically Needy waivers equal to the COPES waiver regarding the personal needs allowance and spousal deeming.
- Assess expansion of adult day health/adult family home pilot.
- Expand number of people who used in-home nurse delegation.
- Pursue new technologies to improve client outcomes.
- Pursue funding and necessary legislative authority to develop an emergency, short-term community respite service for persons with developmental disabilities.
- Request growth in Basic and Basic Plus Waivers to help individuals avoid out-of-home placements.

Performance Measures:
- **Percent of LTC clients served in home care and residential settings** (activities: E051 LTC Administration, E050 LTC Adult Family Home Community Services, E052 LTC Eligibility/Case Management Services, E055 LTC Residential Community Services. E053 LTC In-Home Services).
- **Average cost per LTC case (**activities: E050 LTC Adult Family Home Community Services, E064 Nursing Home Services, E055 LTC Residential Community Services. E053 LTC In-Home Services).
- **Percent of DD clients served in home/community settings** (D028 Employment and Day Programs, D036 DD Field Services, D070 Other Community Programs,

D074 DD Personal Care, D076 Professional Services, D079 Program Support for DD, D083 Public Safety Services, D034 Family Support Program for DD Clients, D087 DD Residential Programs).

- **Average cost per DD case** (D028 Employment and Day Programs, D070 Other Community Programs, D074 DD Personal Care, D076 Professional Services, D083 Public Safety Services, D034 Family Support Program for DD Clients, D087 DD Residential Programs, D086 Residential Habilitation Facilities, D095 State Operated Living Alternatives).
- **Number of Allen-Marr class members re-admitted to a state hospital.**
- **Length of stay in the community for Allen-Marr class members served in community settings.**

Objective 5: Ensure that services appropriately address client needs

Strategies:

- Continue to improve assessment through the CARE tool to ensure client needs are adequately addressed.
- Continue development of Case Management Information System for DD programs; bringing together a variety of fragmented data systems, increasing management reporting capability, and connecting to ProviderOne payment system.
- Provide easy-to-access training for social workers and case managers on topics such as chronic care interventions, evidence based protocols, medical social work skills, effectively communicating with clients, working with clients with secondary disabilities, assistive technology, and independent living services.
- Complete plans of care on time for all waiver clients.
- Complete annual CARE reviews for Medicaid Personal Care clients.
- Request funding to improve or at least maintain caseload ratios for HCS/AAA/DDD – particularly for complex clients in both LTC and DD programs; to implement annual plan of care reviews and mini assessment for individuals with developmental disabilities; to implement new policy of reduced caseload ratios for community protection program; and to do 30-day visits for children with developmental disabilities in out-of-home placements.
- Continue to improve partnerships with AAAs to ensure new and existing roles are coordinated and focused on improving client services.
- Continue to improve partnerships with advocacy groups to ensure that the services being offered by DDD are consistent with community needs.
- Develop and share data on all Medicaid services for MPC/waiver clients to help manage all Medicaid costs.
- Fully implement QA protocols for HCS, DD, AAAs and APS.
- Request necessary additions to Office of Decision Support to provide data to help identify client needs.

Performance Measures:

- **Percent of waiver plans of care done on time** (activities: E051 LTC Admin, E052 LTC Eligibility/Case Management Services, D036 DD Field Services).

- Percent of annual CARE reviews done on time (activities: E051 LTC Admin, E052 LTC Eligibility/Case Management Services, D036 DD Field Services).
- Ratio of social workers/case managers to cases (activities: E051 LTC Admin, E052 LTC Eligibility/Case Management Services, D036 DD Field Services).

Objective 6: Improve public and individual safety measures in Community Protection Program

Strategies:
- Request more funding for individuals who pose safety risks.
- Request funding to improve caseload ratio in community protection program.

Performance Measures:
- Caseload ratio in community protection programs (activities: D079 Program Support for DD, D036 Field Services, D082 Public Safety Services).

Objective 7: Leave no major cultural or linguistic group behind

Strategies:
- Make translation or alternative formats of material an equal priority with preparation of materials in English.
- Actively include consultation with affected minority groups in development of policies and programs.
- Utilize professional interpreter services for spoken and sign languages where bilingual staff is not available.

Performance Measures:
- Number of alternate formats available (activities: E051 LTC Administration).

Objective 8: Improve disproportionality rates in at least one client service

Strategies:
- Work with tribes to increase community residential resources.
- Continue to develop residential service options for the increasing numbers of clients who are non-English speaking.
- Work with tribes to educate case management staff and people with disabilities living on tribal land of their right to self-directed their care.

Performance Measures:
- Number of tribes offering community residential resources (activities: E051 LTC Administration, E050 LTC Adult Family Home Community Services, E052 LTC Eligibility/ Case Management Services, E055 LTC Residential Community Services).
- Number of tribes offering in-service training about self-directed care (activities: E051 LTC Administration).

Goal 2: Supporting families of persons with disabilities and older persons to provide long-term support through caregiver assistance, respite and family support.

Objective 1: Support Unpaid Family Caregivers

Strategies:

- Continue participation in the national family caregiver research assessment project (through University of Wisconsin) to improve WA State's caregiver assessment procedures.
- Ensure that culturally appropriate services are available to family caregivers.
- Integrate family caregiver services within the HCS service system.
- Train HCS and AAA staff to better screen/assess family caregivers.
- Implement the new Dementia Partnerships Projects.

Performance Measures:

- Number of people served in caregiver support and respite programs.
- Number of person participating in the Dementia Partnership Projects core services; dementia day services, caregiver consultation and counseling.

Objective 2: Support and Empower Kinship Care Families

Strategies:

- Continue Collaboration with ESA and CA to provide resource information about available services to kinship care families and their advocates.
- Continue work with the WA State Kinship Oversight Committee and the DSHS Kinship Task Force to strengthen and expand kinship services and resources.
- Strengthen the Kinship Caregivers Support Program service delivery protocols in conjunction with AAAs.

Performance Measures:

- Number of requests for information (new DSHS kinship webpage hits, resource booklets and brochures disseminated by Department of Printing).
- Number of persons trained in statewide satellite broadcast kinship conference.
- Number of persons served with emergent funding.

Objective 3: Training programs are available to improve caregiving

Strategies:

- Continue to provide family caregiver training
- Develop education models related to appropriate prescribing behaviors for seniors.
- Develop education models to help clients/families manage disabilities over long period of time.

- Partner with the Arc of Washington in providing training and information to senior families caring for adults with developmental disabilities in their homes.
- Provide statewide conferences on supported employment and residential issues that include both providers and family members.

Performance Measures:
- Education models developed related to appropriate prescribing behavior for seniors (activities: E051 LTC Administration).
- Yearly conferences on supported employment and residential services are attended by increasing numbers of family members and participants (activities: D079 Program Support DD).

Goal 3: Expanding our vision to help Washington's citizen's plan for future care needs, participate in their own care, engage in health promoting behaviors, and benefit from early interventions.

Objective 1: Partner with other state agencies, local lead agencies and community resources to continue to provide and improve the Infant Toddler Early Intervention Program.

Strategies:
- Participate in Washington Learns Initiative to provide input & recommendations for ways to improve early intervention programs.
- Pursue research opportunities with OSPI to identify the impacts of early learning on children's learning successes in later years.
- Partner with OSPI to quantify the costs and benefits of early learning programs.
- Align the movement of the ITEIP program with the Governor's priorities.

Performance Measures:
- **Percent of children who leave the ITEIP program at age three who no longer need special education services** (activities: D044 Infant Toddler Early Intervention Program).

Objective 2: Washington's citizens should understand the long-term care options available to them so they can plan for their own needs.

Strategies:
- Participate in LTC Task Force.
- Provide Information & Assistance (I & A) through Area Agencies on Aging to senior citizens and their families.
- Expand I & A to other populations such as the younger disabled and for more people through the Aging and Disability Resource Center grant.
- Build and strengthen additional supportive services outside of Medicaid.
- Build relationships with employers to help them understand need for LTC planning.

- Work with DOH to develop proactive, preventative care advocacy.
- Partner with the Developmental Disabilities Endowment Trust Fund in helping families realize the necessity of preparing financially for the future of their son or daughter with a developmental disability.
- Survey families in which aging parents are caring for their adult children with developmental disabilities to determine if the families have plans in place or need assistance with planning.
- Partner with the Developmental Disabilities Council in establishing lines of communication to families and individuals with developmental disabilities on the services provided by DDD as well as providing information to help them maximize their ability to support family members.
- Seek adequate funding for and implement flexible caregiver and family support and respite programs.
- Pursue federal funding to participate in the LTC Awareness Project.

Performance Measures:

- Number of new non-Medicaid services developed (activities: E051 LTC Administration, E052 LTC Eligibility/Case Management Services).
- Washington's scores on the National Core Indicator surveys for families, consumers and children improve on 6 questions by the end of the State Plan (activities: D079 DD Program Support).

Objective 3: Improve consumer independent living skills and ability to direct their own care.

Strategies:

- Create a flexible system through the New Freedom Waiver that encourages independence.
- Develop a person centered planning instrument, which will enhance the person's ability to direct their individual budgets.
- Provide independent living consulting services and fiscal intermediary services to assist the individual in developing and implementing the budget established in the plan.
- Continue to provide and expand the self-directed care option to people with functional disabilities in the home setting.

Performance Measures:

- **Average cost/case of home and community clients** (activities: E051 LTC Admin, E052 LTC Eligibility/Case Management Services, E055 LTC Residential Community Services, E053 LTC In-Home Services).
- Number of individuals participating in New Freedom waiver, self-directed care, independent living (activities: E051 LTC Admin, E052 LTC Eligibility/Case Management Services, E055 LTC Residential Community Services, E053 LTC In-Home Services).

Objective 4: Medicaid clients contribute to the community to the extent they desire and are able.

Strategies:
- Implement DDD Working Age Adult policy to provide employment programs for persons with developmental disabilities.
- Support the efforts of the Developmental Disabilities Life Opportunities Trust Fund to inform families and participants of the opportunity to establish trusts for their sons and daughters or themselves.
- Support the efforts of the Developmental Disabilities Life Opportunities Trust Fund to inform families and participants of the opportunity to establish trusts for their sons and daughters or themselves.
- Develop data system to leverage SSI/SSA benefits that may be available to help individuals pay for their own care.

Performance Measures:
- **Percent of DD waiver clients participating in employment programs** (activities: D028 Employment & Day programs).

Goal 4: Improving upon an already strong performance of programs that monitor the quality of care, quality of life, safety of vulnerable children and adults, and accountability.

Objective 1: Maintain compliance with established timeframes for complaint investigation

Strategies:
- Monitor and analyze complaint investigation workloads and pursue additional resources as needed.
- Continue to monitor compliance with timeframes and require local investigation of any failures to comply.
- Coordinate complaint investigation and certification activities for Supported Living program through movement of complaint investigation function to RCS.
- Monitor frequency of reported complaints regarding supported living providers and request FTEs to do supported living complaint intake and investigation if necessary.

Performance Measures:
- **Percent of APS complaints responded to timely** (activities: E051 LTC Administration, E054 LTC Investigations/Quality Assurance).
- **Percent of CRU complaints responded to timely** (activities: E051 LTC Administration, E054 LTC Investigations/Quality Assurance).

Objective 2: Intervene to prevent abuse/neglect/exploitation to the extent we are legally authorized

Strategies:

- Fund AAA caregiver support and elder abuse prevention programs.
- Continue to promote opportunities for public to learn about ways to prevent abuse (caregiver conference, caregiver month, adult abuse prevention month).
- Enhance consistency in implementation of APS policies and procedures across regions by revising Chapter 6 of the Long-Term Care Manual, revising the Training Academy curriculum, retraining all APS workers, and requesting FTEs to establish a quality assurance monitoring program for APS.
- Develop legislative and budget request for FY 07-09 to expand Resident Protection Program to adult family homes and boarding homes to investigate allegations of abuse by an individual and place names of confirmed abusers on registry prohibiting future employment.
- Work with Attorney General's Office to request additional resources and Attorney General FTEs to support guardianship program.
- Work with Community, Trade, and Economic Development to request additional resources for LTC ombudsman to be a stronger presence in adult family homes and boarding homes.
- Implement an anti-Financial Exploitation initiative through request legislation that would make banks mandatory reporters of suspected financial exploitation, modify the definition of financial exploitation, and require mandatory reporters to provide APS with requested records related to the financial exploitation allegation under Chapter 74.34 RCW.
- Improve data systems used to track and manage adult protective services cases and complaints in residential facilities. Improve data systems for the Incident Reporting System used by case managers for people with developmental disabilities.
- Implement new statutory certification standards for residential providers serving persons with developmental disabilities.

Performance Measures:

- Number of APS QA reviews conducted and the results of those reviews indicating consistent policy/procedure implementation statewide (activities: E051 LTC Administration, E054 LTC Investigations/Quality Assurance).
- Number of persons referred to registries (activities: E051 LTC Administration, E054 LTC Investigations/Quality Assurance).
- Percent of residential providers in LTC and DD settings that do not have an enforcement action taken against them (activities: E051 LTC Administration, E054 LTC Investigations/Quality Assurance).

Objective 3: Maintain compliance with timeframes for re-inspection of residential facilities.

Strategies:

- Prioritize re-inspection process when staff reductions occur.

- Improve information system used to monitor re-inspection frequency to focus on early re-inspections for poor performers and new providers.
- Improve timeliness of AFH licensing process.
- Request funding for contracted Evaluators to do re-visits and shorter certification periods for Supported Living providers experiencing care problems.
- Request funding for visits to newly licensed adult family homes 90 days after licensure to ensure that providers understand and comply with requirements.

Performance Measures:
- **Percent of inspections done timely** (activities: E051 LTC Administration, E054 LTC Investigations/Quality Assurance).
- Number of AFH license actions complete within 60 days of receipt of complete application (activities: E050 LTC Adult Family Home Community Services, LTC Investigations/Quality Assurance).

Objective 4: Quality Assurance Nursing (QAN) program helps providers deal with quality of life issues.

Strategies:
- Have QANs regularly assess and analyze clinical protocols that incorporated federal quality indicators.
- Request FTEs to create a QAN-type program in boarding homes and adult family homes.
- Request FTEs to perform 90-day visits in adult family homes.

Performance Measures:
- For NH residents with pain, percent reviewed by QAN where it is determined that pain is being assessed and managed properly (activities: E051 LTC Administration, E054 LTC Investigations/Quality Assurance).
- Percent of Medicaid-certified nursing homes with quarterly protocol visits (activities: E051 LTC Administration, E054 LTC Investigations/Quality Assurance).

Objective 5: Standardize contract monitoring to ensure that providers understand and comply with contract requirements.

Strategies:
- Continue to update and revise standards of operation for providers. Update standards for DD home care agency providers, DD nursing services, nurse delegation and private duty nursing.
- Request necessary FTEs to meet contracting requirements.
- Request statutory change and necessary funding to make background check requirements consistent for DDD and LTC programs.

Performance Measures:

- Percent of providers who comply with contract requirements (activities: D074 DD Personal Care, D076 Professional Services; X48 Private Duty Nursing; X62 Adult Family Homes).

Objective 6: Strong financial oversight is in place

Strategies:

- Request necessary resources to upgrade financial oversight of home and community providers per federal requirements.
- Develop necessary audit procedures for supported living providers.
- Request necessary FTEs to enhance sub-recipient monitoring and to comply with accounting requirements of increasing numbers of grants.
- Centralize certain financial operations and standardize accounting processes to gain efficiencies and ensure correct, consistent accounting.
- Implement spending plan for DD programs to avoid over-expenditure.

Performance Measures:

- Financial oversight of home and community service providers passes any federal audit (activities: E051 LTC Administration).

Goal 5: Continuing to develop programs to respond holistically to individual needs, such as Washington Medicaid Integration Project, the Dementia Partnerships Project, Expanded Community Services for persons with mental illness, expanded chemical dependency treatment opportunities, self-directed care, and chronic care case management.

Objective 1: Develop Integrated Service Programs.

Strategies:

- Continue collaboration with Health and Recovery Services Administration to develop and evaluate WMIP and MMIP and build risk adjusted rates for these service delivery models to avoid adverse selection to the department or the provider.
- Participate in the Governor's 5/50 project and the chronic care activities of the LTC Task Force.
- Continue work on Medicare/Medicaid Integration Project.
- Work with Health and Rehabilitative Services Administration to begin to include Long-Term Care services in WMIP program.
- Expand Chronic Intensive Case Management programs to more sites and, eventually statewide.
- Assess feasibility of expanding PACE program.

Performance Measures:

- Number of LTC clients served in WMIP/MMIP (activities: E049 Adult Day Health Community Services, E050 LTC Adult Family Home Community Services, E051 LTC Administration, E052 LTC Eligibility/Case Management Services, E053 LTC In-Home Services, E055 LTC Residential Community Services, E064 Nursing Home Services).
- Reduction in per-capita health costs of clients in integrated programs, their health system interactions, and improvement in health outcomes (activities: E049 Adult Day Health Community Services, E050 LTC Adult Family Home Community Services, E051 LTC Administration, E052 LTC Eligibility/Case Management Services, E053 LTC In-Home Services, E055 LTC Residential Community Services, E064 Nursing Home Services).

Objective 2: Increase Community Services for People with Mental Illness and Long-Term Care Needs.

Strategies:
- Create client criteria for Enhanced Services Facilities (ESF). Request statutory changes, if necessary.
- If funded, develop two Enhanced Services Facilities – one for persons with developmental disabilities and one for persons with long-term care needs.
- Expansion of Expanded Community Services (ECS) for persons needing mental health services.
- Develop and implement Traumatic Brain Injury (TBI) waiver to support resources for TBI clients currently in state hospitals.

Performance Measures:
- Number of Expanded Community Services programs in operation (activities: E051 LTC Administration, E052 LTC Eligibility/Case Management Services, E055 LTC Residential Community Services).

Objective 3: Persons with Chemical Dependency Needs Receive Appropriate Services.

Strategies:
- Participate in Bridging the Treatment Gap program. Assess LTC & DD clients' needs for chemical dependency treatment and refer to chemical dependency providers. Follow up to determine if referral is successful.

Performance Measures:
- Numbers of assessments of clients needing chemical dependency services (activities: D036 DD Field Services, E052 LTC Eligibility/Case Management Services, E064 Nursing Home Services).
- Number of referrals to chemical dependency services (activities: D036 DD Field Services, E052 LTC Eligibility/Case Management, E064 Nursing Home Services).

Goal 6: Putting in place the management and infrastructure steps necessary to accomplish the five programmatic goals.

Objective 1: Improve completion rate of mandatory trainings, including Diversity training

Strategies:

- Provide supervisors with annual list of staff who have not completed required trainings.

Performance Measures:

- Percent of staff who have completed required trainings (activities: E051 LTC Administration, D079 DD Program Support).

Objective 2: Improve the workforce profile of under-represented groups

Strategies:

- Provide quarterly reports to supervisors of their workforce profile.
- Work with supervisors to develop action plan for improving workforce profile.
- Continue to educate ADSA offices about the Supported Employment program and encourage hiring of individuals in the Supported Employment program.

Performance Measures:

- Percent of under-represented groups in the ADSA workforce (activities: E051 LTC Administration, D079 DD Program Support).

DSHS Aging and Disability Services Administration

Developmental Disabilities Services

Adult programs

Services	Number of clients (Oct 05)	Average monthly cost per client (Oct 05)
Employment Programs: Includes Community Access, Group Supported Employment, Individual Employment, Pre-vocational Employment	6,135	$494
Family Support	1,902	$262
Medicaid Personal Care (non-residential)	3,200	$937

SOURCES: CCDB, EMIS, ADSA RATES JAN 2006

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DSHS Aging and Disability Services Administration

Developmental Disabilities Services

Children's programs

Services	Number of clients (Oct 05)	Average monthly cost per client (Oct 05)
Child Development Services	1,865	$226
Family Support	1,754	$283
Medicaid Personal Care (non-residential)	1,749	$788
Medically Intensive Services	206	$10,000 RN rate = $31.80 hour LPN rate = $24.52 hour
Voluntary Placement / Foster Care Program	124	$830

SOURCES: CCDB, EMIS, ADSA RATES JAN 2006

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DSHS Aging and Disability Services Administration

Developmental Disabilities Services

Community residential settings

Setting	Number / Size of programs (Oct 05)	Number of clients (Oct 05)	Average monthly cost per client (Oct 05)
Alternative Living	142 providers	350	$435
Community ICFMR	8 facilities Average 7 adults per facility	58	$6,508
Companion Homes	33 providers	36	$4,155
Group Homes	50 facilities 4 - 20 adults per facility	387	$3,829
Residential Habilitation Centers	5 facilities ranging in size from 48 - 395 residents (counts include respite)	981	$13,357
State Operated Living Alternative	Several persons live together as roommates to share living expenses and staff support (24/7 support)	111	$8,322
Supported Living	142 contracted providers - Several persons live together as roommates to share living expenses and staff support (daily to 24/7 support)	3,488	$5,302

SOURCES: CCDB, EMIS, ADSA RATES JAN 2006

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DSHS Aging and Disability Services Administration

Long-term Care Services Settings

Setting	Number / Size of facilities (Oct 05)	Number of residents (Oct 05)	Rate range
Adult family home	2,348 licensed facilities Average 5.5 beds	3,812 state-funded residents 12,873 licensed beds	$45.90 to $87.15 per day
Boarding home: (Assisted Living, Adult Residential Care, Enhanced Adult Residential Care)	549 licensed facilities Average 47 beds	6,360 state-funded residents 26,054 licensed beds	$45.27 to $101.84 per day
In-home	N/A	26,596 state-funded clients	$9.20 to $15.28 per hour
Nursing home*	252 facilities Average 89.8 beds	11,977 state-funded residents 22,723 licensed beds	$146.78 average per day

SOURCES: ADSA FACILITY DATABASE, MMIS, SSPS, EMIS, ADSA RATES JAN 2006

*Nursing homes that are Licensed and Certified, Licensed only, and Hospitals with long-term care wings

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This document is also available electronically at:
www1.dshs.wa.gov/strategic

Persons with disabilities may request
a hard copy by contacting DSHS at: 360.902.7800, or TTY:
800.422.7930.

Questions about the strategic planning process may be directed to DSHS Constituent Services at:
1.800.737.0617.

Washington State
Department of Social and Health Services
P.O. Box 45010
Olympia, WA 98504-5010
www.wa.gov/dshs

Exhibit 2— Funding Formula

The funding formula approved in 1994 is as follows:

Factor	Weight
Age 60+ Population	25%
Age 60+ at or below poverty level population	30%
Age 60+ minority Population	12%
Age 60+ limited English speaking	5%
Age 60+ needing assistance with ADL's	18%
Square miles in the PSA	10%

Funding Formula Calculation

The funding formula is revised when the new census is complete. The funding formula for the 1990 census was updated in 1993. The new funding formula was prepared with input from the Washington Association of Area Agencies on Aging (W4A) and was phased in over three years. The formula is calculated as follows:

1. Census information is calculated for each Area Agency on Aging (AAA) by the following categories:

    Total population of 60+
    60+ population at or below poverty
    60+ minority population
    Square miles in each AAA service area
    60+ Limited English Speaking
    60+ needing assistance with Activities of Daily Living (ADLs)

2. Data from #1 is calculated as a percent of the total by category, for each AAA.

3. Percent from #2 is multiplied by weighted coefficients as listed below. These weights were determined by a series of meetings and discussions with AAA's, the State Council on Aging, legal service attorneys, and DSHS management staff, resulting in a Total Factor by AAA. The weighed averages are as follows:

Total population of 60+	25%
60+ population at or below poverty	30%
60+ minority population	12%
Square miles in each AAA service area	10%
60+ Limited English Speaking	5%
60+ needing assistance with ADLs	18%

4. An annual base allotment is determined as follows:

    $175,000 is allotted to all AAA's with 10,000 or more persons 60 years and older

$43,750 is allotted to all AAA's with fewer than 10,000 persons 60 years and older An additional allotment of $10,000 is made to all multi-county AAA's, except Indian Nations, for each county over one.

5. These allotments are split proportionately between Title 3B, Title 3C, and SCSA.

6. The total annual base allotments (from #4 above) are subtracted from the total grant award by funding source (Title 3B, $4,900,372 - 543,323 = $4,357,049).

7. The weighted percent factor from #3 is multiplied by the adjusted grant award amount ($4,357,049) calculated in #6 above.

8. The annual base allotments are added to the figure calculated in #7 above resulting in the amount allocated to Title 3B by AAA.

9. The same process is used to allocate all Title 3 funds, SCSA, and Respite.

10. Title VII funds have also used this method after a holdback by Headquarters. (Normally $20,000)

Funding Distribution By Intra-State Formula
2000 Census At 100%

TOTAL DOLLARS TO BE DISTRIBUTED = $6,149,113
MULTI-CO. BASE= ($543,323) @ $2,370/County
BALANCE = $5,605,790

Base Non-Indian AAA's = $41,475
Base Indian AAA's = $10,369

AAA	INITIAL BASE	MULTI-CO BASE	TOTAL BASE	TOTAL FACTOR	FACTOR ALLOTMENT	III B 2002 TOTAL ALLOTMENT
Olympic	$41,475	$7,110	$48,585	5.00	$280,036	$328,621
Northwest	$41,475	$7,110	$48,585	6.25	$350,216	$398,801
Snohomish	$41,475	$0	$41,475	7.70	$431,427	$472,902
King	$41,475	$0	$41,475	26.94	$1,510,187	$1,551,662
Pierce	$41,475	$0	$41,475	10.29	$576,613	$618,088
L/M/T	$41,475	$4,740	$46,215	5.39	$301,944	$348,159
South West WA	$41,475	$9,480	$50,955	6.93	$388,706	$439,661
Central WA	$41,475	$11,850	$53,325	6.84	$383,605	$436,930
South East WA	$41,475	$16,590	$58,065	10.69	$599,090	$657,155
Yakama Nation	$10,369	$0	$10,369	1.09	$60,917	$71,286
Eastern WA	$41,475	$9,480	$50,955	9.40	$526,874	$577,829
Colville Indian	$10,369	$0	$10,369	0.47	$26,308	$36,677
Kitsap	$41,475	$0	$41,475	3.03	$169,867	$211,342
TOTALS	$476,963	$66,360	$543,323	100.00	$5,605,790	$6,149,113

2000 Census
Aging and Disability Services Administration
Intra-State Funding Formula

AAA	2000 POP 60+	2000 POVERTY	2000 MINORITY	2000 MILES	2000 L E S	1990 ADL/IADL NO$LIMIT
Olympic	44,074	3,373	3,466	6,376	1,164	3,756
Northwest	61,603	4,118	5,929	4,252	2,596	5,476
Snohomish	74,550	5,783	8,494	2,098	3,889	6,792
King	239,857	17,723	50,522	2,131	20,237	23,722
Pierce	95,391	6,861	16,584	1,676	4,619	10,258
L/M/T	55,941	3,409	5,068	4,126	1,836	4,512
South West WA	66,743	4,771	5,126	5,612	3,226	5,728
Central WA	39,616	3,245	6,549	16,125	4,987	3,438
South East WA	75,556	6,635	14,059	10,880	8,458	8,269
Yakama Nation	3,606	576	2,341	2,137	830	486
Eastern WA	82,392	6,781	5,409	9,216	2,100	8,691
Colville Indian	1,152	223	760	1,580	25	109
Kitsap	32,742	1,972	3,806	393	793	3,294
TOTALS	873,223	65,469	*128,113	66,602	54,759	84,531

*** OFM 2005 Population Projection data shows an aged (60+) minority population of 225,444. Of these we believe there are 25,133 who live at or below federal poverty level.**

2000 Census
Funding Formula Variables By Percent
For Each Area Agency On Aging

AAA	POP 60+	POVERTY	MINORITY	MILES
Olympic	5.04728	5.15197	2.70561	9.57329
Northwest	7.05467	6.28976	4.62760	6.38419
Snohomish	8.53734	8.83259	6.62977	3.15006
King	27.46801	27.07127	39.43534	3.19960
Pierce	10.92401	10.47958	12.94478	2.51644
L/M/T	6.40627	5.20700	3.95618	6.19501
South West WA	7.64329	7.28717	4.00143	8.42617
Central WA	4.53676	4.95631	5.11175	24.21098
South East WA	8.65254	10.13434	10.97394	16.33585
Yakama Nation	0.41295	0.88020	1.82743	3.20861
Eastern WA	9.43539	10.35711	4.22177	13.83742
Colville Indian	0.13193	0.34130	0.59337	2.37230
Kitsap	3.74956	3.01141	2.97102	0.59007
TOTALS	100	100	100	100

2000 Census Funding Formula Variables By AAA
Showing Variable Factors And Total Funding Factor

AAA	POP 60+	POVERTY	MINORITY	MILES	LES	ADL IADL	Total Factors (Rounded)
Olympic	1.26	1.55	0.32	0.96	0.11	0.80	5.00
Northwest	1.76	1.89	0.56	0.64	0.24	1.17	6.25
Snohomish	2.13	2.65	0.80	0.32	0.36	1.45	7.70
King	6.87	8.12	4.73	0.32	1.85	5.05	26.94
Pierce	2.73	3.14	1.55	0.25	0.42	2.18	10.29
L/M/T	1.60	1.56	0.47	0.62	0.17	0.96	5.39
South West WA	1.91	2.19	0.48	0.84	0.29	1.22	6.93
Central WA	1.13	1.49	0.61	2.42	0.46	0.73	6.84
South East WA	2.16	3.04	1.32	1.63	0.77	1.76	10.69
Yakama Nation	0.10	0.26	0.22	0.32	0.08	0.10	1.09
Eastern WA	2.36	3.11	0.51	1.38	0.19	1.85	9.40
Colville Indian	0.03	0.10	0.07	0.24	0.00	0.02	0.47
Kitsap	0.94	0.90	0.36	0.06	0.07	0.70	3.03
TOTALS	25.00	30.00	12.00	10.00	5.00	18.00	100.00

Age 60+ population	25
Age 60+ at or below poverty	30
Age 60+ minority	12
Square miles in the AAA service area	10
Age 60+ limited-English speaking	5
Age 60+ needing assistance with activities of daily living (no income limit)	18
TOTAL FACTORS	100

Exhibit 3 —Direct Services

Area Agency on Aging	Case Management Direct Service Only	Case Management Direct & Subcontracted Service	Can do I & A	Can do Outreach
Olympic	Yes	No	Yes	Yes
Northwest	No	Yes	Yes	Yes
Snohomish	Yes	No	Allowed, but chooses to subcontract	Yes
King	No	Yes	Allowed, but chooses to subcontract	Yes
Pierce	Yes	No	Yes	Yes
L/M/T	Yes	No	Yes	Yes
South West WA	No	Yes	Yes	Yes
Central WA	Yes	No	Yes	Yes
South East WA	Yes	No	Yes	Yes
Yakama Nation	Yes	No	Yes	Yes
Eastern WA	No	Yes	Allowed, but chooses to subcontract	Yes
Colville Indian	Yes	No	Yes	Yes
Kitsap	Yes	No	Yes	Yes

Section 307(a)(8)) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Exhibit 4—Grievance Procedures

Management Bulletin
H05-016
March 2, 2005

TO: Area Agencies on Aging Directors
Home and Community Services Regional Administrators
Division of Developmental Disabilities Regional Administrators

FROM: Penny Black, Director, Home and Community Services Division
Linda Rolfe, Director, Division of Developmental Disabilities

SUBJECT: **CLIENT GRIEVANCE POLICY**

PURPOSE: The purpose of this management bulletin is to provide you with the new grievance policy that will be used by all HCS, AAA, and DDD offices. Local grievance procedures can be used for all other fund sources as required by interlocal agreement.

BACKGROUND: We are required to have a grievance policy in place based on:

- Executive Order 03-01, #4 (HCS, DDD)
- DSHS Administrative Policy #8.11 (HCS, DDD)
- CMS Protocols – Monitoring Participant Health and Welfare which are based on the HCBS Quality Framework – Focus #5 (HCS, DDD, AAA)
- Interlocal Agreement (AAA)

We found that we did not have a consistent process for tracking and responding to complaints made by clients and/or their families/advocates.

WHAT'S NEW, CHANGED, OR CLARIFIED This policy outlines the minimal requirements for documenting and responding to client grievances. All HCS, AAA, and DDD local and regional office procedures will, at a minimum, use the process outlined in this management bulletin.

ACTION: All HCS, AAA, and DDD local and regional offices are to use the grievance policy to maintain a log that will track responses to client complaints. AAAs are required to follow this policy for clients served by COPES, MPC, Chore and Medically Needy In-Home Waiver. Local grievance procedures can be used for all other fund sources as required by Interlocal Agreement.

RELATED REFERENCES:
Executive Order 03-01, #4 (HCS, DDD)
DSHS Administrative Policy #8.11 (HCS, DDD)
CMS Protocols, Monitoring Participant Health and Welfare (HCS, DDD, AAA)
Interlocal Agreement (AAA)

ATTACHMENT(S): Grievance Policy

ADSA Complaint/Grievance Policy for

Home and Community Services Division and the Division of Developmental Disabilities

At times, Aging and Disability Services Administration (ADSA) receives complaints about the services it provides or a concern about a client's safety, rights or quality of care. The type of complaint will determine the appropriate course of action. This policy does not address the following types of complaints as they are addressed through separate processes:

1. Allegations of Abuse, neglect, exploitation, abandonment, financial exploitation of a vulnerable adult are immediately directed to Adult Protective Services (APS), Complaint Resolution Unit (CRU), or Child Protective Services (CPS). Each of these systems has a process of notification and appeal of investigation findings.

2. Client disputes about services that have been Denied, Reduced, Suspended, or Terminated are resolved through Fair Hearings.

3. Client disputes about services that have been requested or authorized through an ETR that have been denied, reduced, or terminated.

4. Mediation services, citizen's complaints and administrative proceeding/due process for infants and toddlers with disabilities (ages birth to three) and their families, should access the Infant Toddler Early Intervention Program (ITEIP) website at http://www1.dshs.wa.gov/iteip/ and select *Washington Federal Application Policies and Definitions, Section 4, Procedural Safeguards Policy.*

5. Complaints concerning services in the Residential Habilitation Centers will be directed to the formal process in federal law and the attention of the Human Rights Committee at the appropriate RHC.

6. Complaints received from Constituent Services will be handled according to DSHS Administrative Policy 8.11.

ADSA always strives to address all other grievances/complaints at the lowest level possible. Complaints can be received and addressed at any level of the organization. However, the complaint will be referred back to the case manager/social worker (CM/SW) for action unless the complainant specifically requests it not be. Communication to complainant will be made in their primary language if needed. The following policy includes the process used by Home and Community Services (HCS) Division, Area Agencies on Aging (AAA), and the Division of Developmental Disabilities (DDD).

NOTE: Legal authorization from the client or a personal representative is required to share information with persons outside of DSHS unless otherwise authorized by law. Authorization from the client is not required when responding to the Governor's Office correspondence assignments or inquiries as part of administration of DSHS programs.

The HCS/AAA/DDD Case Manager Level

a. Case managers/social workers solve problems and provide complaint resolution as a daily part of their regular case management activities. This activity is documented in the client's Service Episode Record (SER) as appropriate.
b. If the complainant does not feel that the complaint or problem has been resolved, and the complainant wishes to have the complaint reviewed by the case manager's supervisor, the case manager informs the complainant of their supervisor's name and telephone number.

The Supervisor Level

a. Upon receipt of an unresolved complaint at the CM/SW level, the supervisor logs in the complaint and has ten working days* to attempt to resolve the issue.
b. If resolution is reached, the supervisor documents the outcome on the complaint log.
c. If the complainant does not feel that the complaint or problem as been resolved, and the complainant wishes to have the complaint reviewed by the region/AAA Director, the supervisor informs the complainant of the Regional contact/AAA Director's name and telephone number.

The Regional/AAA Director Level

a. Upon receipt of an unresolved complaint the Region/AAA logs in the complaint and has ten working days* to investigate and attempt to resolve the issue.
b. If resolution is achieved, regional office will document the outcome on the complaint log and send a letter to the complainant and all parties involved.
c. If the matter is not resolved, and the complainant wishes to have the complaint reviewed by ADSA, the Region/AAA Director designee documents the outcome on the complaint log and informs the complainant whom he/she may contact at the ADSA central office.

ADSA Central Office Level

a. Upon receipt of an unresolved complaint, the appropriate ADSA division logs the complaint and has ten working days* to investigate and attempt to resolve the issue.
b. ADSA documents the outcome on complaint log and sends a letter to the complainant and all parties involved.

* If the response will take longer than ten working days, make an interim contact with the customer and give a reasonable estimated date of response.

Complaint Log – Complaint logs will be reviewed by the appropriate Quality Assurance Unit during their monitoring review cycle. The complaint log must contain, at a minimum:

- Date complaint received
- Name & phone number of person receiving complaint
- Complainant name, contact number, relationship to Client
- Client name, ACES ID number
- Complaint
- Who it was assigned to
- Due Date
- Outcome

Policy and Procedure Manual for AAA Operations

SECTION VI - Grievances and Hearings

POLICY 1: ADSA must provide an opportunity for a hearing to an AAA when ADSA disapproves the area plan or a plan amendment submitted by the AAA, and to an applicant for designation as a PSA whose application is rejected (also see Chapter 2).

A. The hearing procedure shall be governed by the Administrative Procedure Act (Chapter 34.05 RCW) and Chapter 388-02 WAC. All AAA or PSA applications for a hearing shall be written to the department's Office of Administrative Hearings. The application must be filed with thirty (30) days of the date the department first gave notice of the aggrieving action to the AAA or PSA.

   A copy of the application shall be sent to the unit of the department, which gave notice of the aggrieving action to the AAA. The application shall:

   1. State specifically the issue or issues and regulation or regulations involved and the basis for considering the aggrieving action to be in error.

   2. Include any supporting documents.

   3. Include a copy of the department decision being appealed or a description of that decision.

POLICY 2: AAAs must have a complaint resolution process and provide an opportunity for a hearing to any service contract applicant or subcontractor whose appli-

cation to provide services under an area plan is denied or whose subcontract is terminated except as provided in 45 CFR Part 74.

A. AAAs must establish written procedures for the hearing, resolution, and possible referral of subcontractor grievances, which must be strictly followed.

   1. All Requests for Proposals (RFP) must incorporate subcontractor grievance procedures to assure notification to subcontractors.

   2. All subcontractor grievances must be submitted in writing to the AAA by the subcontractor or its representative. A hearing date must be set within forty-five (45) days of receipt of the request. All parties required to participate in the hearing must be notified in writing of the hearing date at least ten (10) days prior to the hearing. Written response to all parties must be made at least within fifteen (15) days after the hearing.

   3. AAAs should explicitly state in RFPs that the appeal process allows for an adjudicative proceeding at the state level (after a local hearing) for the OAA and other DSHS-funded subcontracts.

B. A service contract applicant or subcontractor under a contract with a local AAA has the right to an adjudicative proceeding. The adjudicative proceeding shall be governed by the Administrative Procedures Act (Chapter 34.05 RCW) and Chapter 388-08 WAC.

   1. Only issues that couldn’t be resolved through the AAA complaint resolution process can be appealed to an adjudicative proceeding.

   2. All service applicant or subcontractor requests for adjudicative proceedings must be in writing to the department's Office of Administrative Hearings. The appeal shall be filed within thirty (30) days of the date the local AAA mailed the complaint resolution determination to the service contract applicant or the subcontractor. A copy of the appeal shall be sent to the local AAA. The appeal shall:

      a. State specifically the issue or issues and regulation or regulations involved and the basis for considering the complaint resolution determination to be in error;

      b. Include any supporting documentation;

      c. Include a copy of the complaint resolution determination being appealed.

   3. The department has the right to intervene in any adjudicative proceeding. To intervene, the department shall:

      a. File a written a notice of intervention with the Office of Administrative Hearings or the presiding officer.

b. Serve a copy of the notice to the parties.

c. Include in the notice the name, address, and telephone number of the department employee and/or assistant attorney general who represents the department.

POLICY 3: AAAs must establish client grievance procedures at the subcontractor and AAA level with referral procedures to ADSA. Grievances should be resolved at the lowest possible level before being referred to ADSA. Grievance procedures must cover both eligibility determination and client satisfaction issues.

A. Clients have the right to an adjudicative proceeding before the DSHS under the Administrative Procedures Act (RCW 34.05) and WAC 388-02 on issues pertaining to service eligibility.

Clients must be notified by the subcontractor and the AAA of his/her right to an adjudicative proceeding and how and where to apply for such proceeding.

B. Clients have the right to a hearing regarding service delivery and service satisfaction issues.

1. Clients must be notified by the subcontractor of his/her right to a hearing before the subcontractor regarding service satisfaction or service delivery issues.

2. The subcontractor must also notify the client of his/her right to request a hearing by the AAA if not satisfied with the resolution made by the subcontractor. The AAA must notify the client of his/her right to a hearing by ADSA if not satisfied with the resolution made by the AAA.

5. All client grievances must be submitted in writing to the appropriate point by the client, his/her representative or involved agency. A hearing date must be established within fifteen (15) days of receipt of the grievance. All parties who will participate in the hearing shall be notified in writing of the hearing date within five (5) days of the hearing. Written response to all parties must e made within fifteen (15) days after the hearing.

6. All client grievances hearings should be formal; procedures for hearing grievances, documenting information taken, referring the grievance to the next level and/or resolving the grievance should be written clearly and concisely

C. All clients receiving services through a Department of Health (DOH) licensed home care agency have a right to lodge a complaint with the DOH, as well as the home care agency and the AAA.
Clients must be notified by the subcontractor/vendor of his/her right to file a complaint with DOH, DSHS, and the AAA. All applicable phone numbers (preferably 1-800) will be made available to clients at the onset of service delivery.

Exhibit 5—Transportation Policy

H06- 016 – Procedure
March 8, 2006

TO: Home and Community Services (HCS) Regional Administrators
Division of Developmental Disabilities (DDD) Regional Administrators
Area Agencies on Aging (AAA) Directors

FROM: Bill Moss, Director, Home and Community Services Division

Linda Rolfe, Director, Division of Developmental Disabilities

SUBJECT:

New Long-Term Care (LTC) Manual Transportation Section and Transportation Program Guidance for Older Americans Act (OAA) and Senior Citizens Services Act (SCSA) Funding

PURPOSE:

- To announce the release of the revised LTC Manual Section, Transportation, in the new HTML web-based format.
- To announce the release of the updated Transportation Program Guidance for OAA and SCSA funding.

BACKGROUND: Chapter 47.06B requires all public agencies sponsoring programs that require transportation services coordinate those transportation services to achieve increased efficiencies and provide more rides to a greater number of children, elders and people with disabilities.

WHAT'S NEW, CHANGED, OR CLARIFIED

Transportation services will be coordinated and accessible to eligible individuals who have no other means of transportation or are unable to use existing transportation. This chapter will also be used as the Coordinated Special Needs Transportation policy for Aging and Disability Services Administration (ADSA) in order to comply with the new DSHS Administrative Policy 8.09, Coordinated Special Needs Transportation Services.

The Transportation Program Guidance for Older Americans Act (OAA) and Senior Citizens Services Act (SCSA) has been updated.

The chapter has been updated to:

- Reflect changes in Adult Day programs;
- Link to DDD Transportation Policy 4.05;
- Update resource information and links;
- Link to Transportation Program Guidance for Older Americans Act and SCSA funding.

ACTION: Use the Transportation Section of the LTC Manual and the updated Trans-

portation Program Guidance immediately. (See links below).

RELATED REFERENCES:

LTC Manual Transportation Section

Transportation Program Guidance

RCW 74.38 Senior Services Programs
RCW 47.06B.030(5) Council -- Duties *(as amended by 1999 c 372). (Effective until June 30, 2008.)* Coordinated Special Needs Transportation
DSHS Administrative Policy 8.09 Coordinated Special Needs Transportation
DDD Policy 4.05 Transportation Guidelines

AGING AND DISABILITY SERVICES ADMINISTRATION (ADSA)

TRANSPORTATION PROGRAM GUIDANCE
Revised - 2006

The purpose of this guidance is to assist local Area Agencies on Aging (AAA) in evaluating transportation contracting requirements in their local areas.

Included within these transportation program guidelines is Attachment I: Vulnerability criteria, Senior Citizens Services Act (SCSA) eligibility requirements, Title III of the Older Americans Act (OAA) eligibility requirements, and the contribution policy.

STATUTORY AUTHORITY

Title 480-30 WAC – Utilities and Transportation Commission
Title 480-31 WAC - Utilities and Transportation Commission
Title 81 RCW – Transportation
WAC 388-106-1110 - Senior Citizens Services Act – SCSA
Title III of the Older Americans Act – OAA
Americans with Disabilities Act – ADA – Transportation Titles II and III – 49CFR

For more information regarding the ADA and transportation go to the Department of Justice website: http://www.usdoj.gov/crt/ada/detwarn.htm

The Administration on Aging (AoA) Senior Transportation Resources, "*Seniors Benefit from Transportation Partnerships: Promising Practices from the Aging Network*," is a helpful resource. This is a toolbox of technical assistance materials developed to increase the provision and coordination of transportation services for older Americans. The toolbox contains useful practices in transportation coordination, a handbook for creating door-to-door transportation programs, a template for communities to build their own transportation resource guide, a comprehensive resource list for transportation coordination and a presentation on useful practices that can be tailored for different audiences. This information can be accessed on this website: AoA Homepage > Professionals > Transportation

TRANSPORTATION GUIDANCE

PROGRAM DEFINITIONS

Transportation Services - Services designed to transport older persons to and from medical and health care services, social services, meal programs, senior centers, shopping and recreational activities so such service will be accessible to eligible individuals who have no other means of transportation or are unable to use existing transportation. Personal assistance for those with limited physical mobility may be provided.

Available Funding - Title III of the Older Americans Act and/or the Senior Citizens Services Act (SCSA) may fund this program. For either funding source, the only eligibility requirement is age 60 or over. Refer to the contribution policy in Attachment I for both funding sources.

Regular Specialized Transportation - The transportation of passengers using provider-owned vehicles utilizing special equipment when required or necessary to accommodate those with limited physical mobility. Drivers are usually paid, but volunteer drivers may also be utilized.

Volunteer Transportation – The transportation of passengers using privately owned vehicles. Drivers are volunteers, generally reimbursed for expenses incurred. These services may be used along with or as an alternative to regular specialized transportation.

Target Population - The target population for transportation services is persons age 60 and over who:

Need transportation to medical and health care services, social services, meal programs, senior centers, shopping and recreational activities; and

Cannot manage their own transportation because:

a. They do not have a car; or
b. They cannot drive; or
c. They cannot afford to drive; and
d. They cannot use public transportation; or
e. Public transportation is not available or accessible.

All persons served should be members of the target population. To the degree feasible, persons served should meet the vulnerability criteria listed in Attachment I.

INSURANCE FOR PROFIT, NON-PROFIT AND VOLUNTEERS

Coverage – For-profit Motor Companies must meet the requirements described in the Washington Utilities and Transportation Commission (WUTC) WAC 480-30. Private not-for-profit transportation providers must meet the requirements described in WUTC WAC 480-31. A company authorized to write such insurance in the state of Washington must have written the insurance or surety bond. The combined bodily injury and property damage liability insurance or surety bond must not be less than the following:

For Profit Motor Companies

Passenger seating capacity of 15 or less (including driver) - $1,500,000 combined single limit coverage.

Passenger seating of 16 or more (including driver) - $5,000,000 combined single limit coverage.

Private Non-Profit Transportation Providers

Passenger seating capacity of 15 or less (including driver) - $500,000 combined single limit coverage.

Passenger seating capacity of 16 or more (including driver) - $1,000,000 combined single limit coverage.

Volunteers

Each agency provider of volunteer services is recommended to carry the same amount of insurance as recommended for providers of Regular Specialized Transportation Services. Individual volunteer drivers are required to carry the state mandatory minimum amounts of insurance for private vehicles.

The Washington State Insurance Commissioners fact sheet on Mandatory Auto Insurance:
http://www.insurance.wa.gov/factsheets/factsheet_detail.asp?FctShtRcdNum=5

DRIVERS – PAID AND VOLUNTEER

Transportation providers should assure that paid vehicle drivers are reliable and able to drive safely. In addition to the general personnel selection procedures of the organization, selection of paid vehicle drivers should include verification that the applicant:

- Has an appropriate and valid Washington State driver's license. State law requires a commercial driver's license for those driving a vehicle with a capacity of 16 or more.
- Has had no moving traffic violations and has not been involved in any at-fault accidents within the past three years.
- Is physically capable of safely driving the program vehicles. This verification should be in the form of a written medical statement. If such a statement is not available, some other form of creditable verification should be provided.
- Has no previous record of adult or child abuse through the Washington State Patrol criminal identification section.

Transportation providers should assure that volunteer vehicle drivers are reliable and able to drive safely. Selection of volunteer vehicle drivers should include verification that:

- The applicant has an appropriate and valid Washington State driver's license. State law requires a commercial driver's license for those driving a vehicle with a capacity of 16 or more.
- The applicant has had no moving traffic violations and has not been involved in any at-fault accidents within the past three years.
- The applicant is physically capable of safely driving the program vehicles. This verification should be in the form of a written medical statement. If such a statement is not available, some other form of creditable verification should be provided.
- The applicant has no previous record of adult or child abuse through the Washington State Patrol criminal identification section.
- The volunteer(s) are willing to maintain records and accept record and deposit client donations in an atmosphere that protects the client's right to confidentiality.

Please refer to Volunteers Drivers – A Guide to Best Practices for insurance, risk, driver conduct, background checks, training and other issues related to volunteer transportation issues:
http://www.wsdot.wa.gov/transit/vdg/default.htm

TRAINING GUIDELINES

Paid drivers - Transportation providers should assure that paid vehicle drivers are trained adequately and are able to safely use all associated equipment through a formal training plan. Providers should maintain records for all drivers to verify that training has been received. The training plan should include at least the following components:

- New drivers should be fully briefed about the transportation program, reporting forms, vehicle operation and the geographic area in which they will operate their vehicles.
- Within the first six months of employment, drivers should successfully complete the National Red Cross course in first aid training, including training in the use of cardiopulmonary resuscitation (CPR) techniques. Other courses that provide equivalent training can be substituted with approval of the Area Agency on Aging (AAA). Drivers on an annual basis should complete refresher courses. Any alternative policies and procedures regarding emergency situations and required training for drivers can be reviewed and approved by the area agency.
- Within the first six months of employment, drivers should complete a defensive driving course.
- Within the first six months of employment, drivers should be provided training that will assist them in better serving the targeted population group within the provider's service area. Passenger assistance training such as ADAPT or PAT could be given directly by the provider or through other training resources available within the community with approval of the AAA. The targeted population they may be serving could include people with disabilities and people who have limited English proficiency.
- Drivers should be made aware of changes in the transportation program, reporting forms and vehicle operation through regular dissemination of such information in a formal verifiable manner (i.e. email, bulletin boards, newsletters, safety meetings, etc.)

b. Volunteer drivers

- Training of volunteer drivers should include orientation to the sponsoring agency and the purpose of the program, role of volunteers, rights and responsibilities, reimbursement, reporting requirements and evaluation. On-going in-service training should be provided to volunteers as opportunities arise and should be coordinated with other community programs to increase the volunteer's knowledge of services available for older persons in the community.
- Volunteer drivers should have defensive driving training and passenger assistance and sensitivity training within the first sixty days following the initial driving assignment. First Aid and CPR training is optional, depending on the sponsoring agency's policy on the issue.

Refer to Volunteer Drivers – A Guide to Best Practices for insurance, risk, driver conduct, background checks, training and other issues related to volunteer transportation issues:
http://www.wsdot.wa.gov/transit/vdg/default.htm

DRIVER EVALUATION – PAID AND VOLUNTEER

The provider should evaluate each driver's performance on a semi-annual basis, which would include on-board evaluation of actual practice and general knowledge of the job. The results of these semi-annual evaluations should be documented.

At least annually, each driver should have all of their job application information updated so that any changes in their status, which affect their ability to perform as a driver, would be noted. At the same time, their performance and job responsibilities should be reviewed.

The provider should investigate any accident involving a driver's agency-sponsored activities immediately. A report of the accident should be placed in the driver's personnel file.

MAINTENANCE RECOMMENDATIONS

Prevention - The transportation provider should develop and implement a preventive maintenance program that adequately addresses all of the maintenance needs of vehicles and related equipment, utilizing, at a minimum, the maintenance schedule provided by the vehicle manufacturer.

Documentation - There should be a system in place to document the time and circumstances of all maintenance services received by each vehicle and related equipment. Vehicle servicing should be based upon the preventive maintenance schedule.

For profit and non-profit agency vehicles should meet ADA vehicle accessibility requirements and keep ADA equipment maintained.

Personally owned vehicles (POV) must be maintained under state law minimum requirements. Volunteers are responsible for maintaining their own vehicles.

REFERRAL TO INFORMATION AND ASSISTANCE/CASE MANAGEMENT (I&A/CM)

Subject to client consent, all clients who appear to meet the vulnerability criteria listed in Attachment I should be referred to the I&A component of the I&A/CM program for screening to determine the need for case management.

Attachment I

VULNERABILITY CRITERIA

A person is considered vulnerable if he/she meets the following criteria:

a. Is unable to perform one or more of the activities of daily living listed below without assistance due to physical, cognitive, emotional, psychological or social impairment:
    - Ambulation;
    - Bathing;
    - Cooking;
    - Dressing or undressing;
    - Eating;
    - Housework;
    - Laundry;
    - Managing medical treatments (prescribed exercises, change of dressings, injections, etc.);
    - Managing medications (what to take, when to take, how to store properly, etc.);
    - Managing money (budgeting, check writing, etc.);
    - Personal hygiene and grooming;
    - Shopping;
    - Using the telephone;
    - Toileting;
    - Transferring (getting in and out of bed/wheelchair);
    - Transportation; or
b. Has behavioral or mental health problems that could result in premature institutionalization or is unable to provide for his/her own health and safety primarily due to cognitive, behavioral, psychological/emotional conditions which inhibit decision-making and threaten the ability to remain independent. AND
c. Lacks an informal support system: Has no family, friends, neighbors or others who are both willing and able to perform the service(s) needed or the informal support system needs to be temporarily or permanently supplemented.

SCSA ELIGIBILITY REQUIREMENTS - Age 65 or older; or 60 or older and either unemployed or working 20 hours per week or less. The application form for SCSA funding is DSHS 14-155.
OAA ELIGIBILITY REQUIREMENTS - Age 60 or over.

CONTRIBUTION POLICY

Persons who receive services funded by Title III of the Older Americans Act must be given a free and voluntary opportunity to contribute to the cost of services provided. The same opportunity must be extended to persons who receive an SCSA-funded service, which is not subject to a means test. The service provider must protect each person's privacy with respect to his/her contribution, establish procedures to safeguard and account for all contributions made by users of the service and use all such contributions to expand the service for which the contribution was received.

The service provider may develop a suggested contribution schedule. If a schedule is developed, the provider must consider the income ranges of older persons in the community and the provider's other sources of income. No otherwise eligible person may be denied service because he/she will not or cannot contribute to the cost of the service.

Exhibit 6— State Elder Rights and Legal Assistance Development Program

IN GENERAL—The state agency shall, in consultation with the area agencies on aging, establish a program to provide leadership for improving the quality and quantity of legal and advocacy assistance as a means for ensuring a comprehensive elder rights system.

COORDINATION AND ASSISTANCE—the state agency shall coordinate, providing assistance to, area agencies on aging and other entities in the state that assist older individuals in—

Understanding the rights of the individuals; exercising choice; benefiting from services and opportunities promised by law; maintaining rights of older individuals, and in particular, those with reduced capacity, and solving disputes.

FOCAL POINT—the agency shall be a focal point for elder rights policy review, analysis, and advocacy at the state level, including issues of—

Guardianship, age discrimination, pension and health benefits, insurance, consumer protection, surrogate decision-making, protective services, public benefits, and dispute resolution;

LEGAL ASSISTANCE DEVELOPER—the state shall provide an individual as a state legal assistance developer, and other personnel, sufficient to ensure—

State leadership in securing and maintaining legal rights of older persons;

Capacity for coordinating the provision of legal assistance;

Capacity to provide technical assistance, training and other supportive functions to: area agencies on aging, legal assistance providers, ombudsmen, and other persons as appropriate; and

Capacity to promote financial management services for older individuals at risk of conservatorship or guardianship;

PROVIDE TECHNICAL ASSISTANCE—to area agencies on aging and legal assistance providers to enhance and monitor the quality and quantity of legal assistance to older individuals, in developing plans for targeting services to reach the individuals with greatest economic and social need (with particular attention to low-income minority individuals);

EDUCATE AND TRAIN—professionals, volunteers, and older individuals concerning—elder rights, the requirements and benefits of specific laws, and methods for enhancing the coordination of services; —individuals who are or who might become guardians or representative payees of older individuals, including information on—

The powers and duties of guardians or representative payees; and alternatives to guardianship;

PROMOTE DEVELOPMENT OF—

Pro bono legal assistance programs,

State and local bar committees on aging,

Legal hot lines,

Alternative dispute resolution,

Programs and curricula related to elder rights and benefits in law schools and institutions of higher education, and

Other methods to expand access by older individuals to;

Legal assistance, Advocacy, and Vulnerable elder rights protection activities.

DO PERIODIC ASSESSMENT—of the status of elder rights in the State,

Including analysis—

Of unmet need for assistance in resolving legal problems and benefits-

Related problems, methods for expanding advocacy services, the status of substitute decision-making systems and services (including— guardianship, representative payees, and advance directives),

Access to courts and the justice system, and Implementation of civil rights and age discrimination laws in the State; and

Of problems and unmet needs identified in programs established under title III and other programs; and

CONSULT AND ENSURE THE COORDINATION—of activities with legal assistance services provided under title III, services provided by the Legal Service Corporation, services provided under other State or Federal programs administered at the State and local levels that address the legal assistance needs of older individuals;

IDENTIFY VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES- provided by the entities under this chapter and coordinate the activities—developing working agreements with—

State entities, including the consumer protection agency, the court system, the attorney general, the State equal employment opportunity commission, the Department of Veterans' Affairs other appropriate State agencies; and

Federal entities, including the Social Security Administration, the Health Care Financing Administration, the Department Veterans' Affairs, and other entities.

STANDARDS AND REPORTING PROCEDURES- refine in coordination with area agencies on aging and legal assistance providers, statewide standards for the delivery of legal assistance to older individuals.

Washington State Department of Social & Health Services

Exhibit 7—Protection of Vulnerable Adults

Fact Sheet:

Protection of Vulnerable Adults

1-866-EndHarm
Toll free: 1-866-363-4276 or
TTY 1-800-737-7931

By law, Chapter 74.34 RCW, a **vulnerable adult** is defined as:

Any adult 60 years or older who cannot take care of him or herself; or

Adults 18 years or older and:

- Have a legal guardian
- Have a developmental disability
- Live in a facility licensed by DSHS/ADSA
- Receive services from a DSHS contracted individual provider
- Receive in-home services through a licensed health, hospice, or home care agency or
- Have a personal care aide who performs care under his/her direction for compensation, per 74.39.050 RCW.

Aging and Disability Services Administration (ADSA) receives and investigates reports of abuse (physical, mental, sexual, and exploitation of person), abandonment, neglect, self-neglect, and financial exploitation of vulnerable adults.

In 2004, ADSA received more than 37,700 reported concerns about suspected abuse, neglect, self-neglect, financial exploitation and abandonment of vulnerable adults, as well as concerns about quality of life or quality of care. These numbers include reports from community members as well as self-reports from mandated reporters such as nursing homes, adult family homes and boarding homes.

Mandatory Reporters

By law, certain professionals must report suspected abuse. Mandatory reporters are: DSHS employees; individual providers contracted to provide services to a DSHS client; county coroners or medical examiners; employees of a facility licensed by DSHS, including boarding homes, adult family homes, nursing homes, residential habilitation centers, and soldiers' homes; social workers; health care providers as defined in RCW 18.130, such as a doctor or nurse; Christian Science practitioners; employees of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; law enforcement officers; and professional school personnel. All mandated reporters should call the proper Adult Protective Services or Complaint Resolution Unit phone number directly to make their report.

DSHS has made it easy for the **general public** to report suspected abuse by establishing the toll-free number 1-866 EndHarm (1-866-363-4276; TTY 1-800-737-7931.)

Suspected abuse, abandonment, neglect, or financial exploitation in a nursing home, boarding home, or adult family home

Calls about suspected abuse or neglect in a nursing home, boarding home, or adult family home go to the Complaint Resolution Unit (CRU) in ADSA Residential Care Services (RCS) Division at 1-800-562-6078. The CRU received almost 24,000 complaints in 2004.

When an allegation of abuse, neglect, or misappropriation of resident funds is received by RCS, investigation response times range from two working days to 45 working days. Calls from the hotline are processed on a daily basis, and the information is reviewed and prioritized for investigation. Complainants are called back for additional information.

Concerns that are serious or pose life-threatening harm to a resident living in a nursing home, boarding home, or adult family home are investigated more quickly than issues that are of lower

risk. Professional nurses review all of the complaints received by RCS to establish the investigative priority.

Fourteen RCS nurses investigate complaints in the adult family home and boarding home setting. Another fourteen nurses investigate complaints in the nursing homes.

If an investigation shows that the facility has failed to provide safe quality care to residents, ADSA actions can range from work with the facility (to correct problems and ensure against repetition) to citation, fine, or stop placement. When appropriate, ADSA can forward information to other agencies such as local law enforcement.

The facility is responsible to ensure safe and quality care for each resident. RCS holds the facility responsible throughout the complaint investigation process.

Resident Protection Program in nursing homes

In calendar year 2004, the Resident Protection Program (RPP) investigated 446 allegations of abuse, neglect and misappropriation by nursing home employees. A department finding of guilt prevents that person from working in nursing homes on a permanent basis.

Investigations may include rape, physical or verbal assault, neglect, and financial exploitation as well as cases of a more insidious nature such as resident intimidation, humiliation or harassment. Many times RPP is able to make findings where criminal convictions or licensing actions are not possible.

RPP's four investigators investigate allegations made against nursing home employees.

In 2004, investigations resulted in 20 final findings (12 of abuse, 1 of neglect and 7 of misappropriation).

Suspected abuse, abandonment, neglect, self-neglect, or financial exploitation of a vulnerable adult living at home – Adult Protective Services (APS)

Regional APS Reporting Numbers

Region 1: 1-800-459-0421
TTY: 1-509-568-3086

Region 2: 1-877-389-3013
TTY: 1-800-973-5456

Region 3: 1-800-487-0416
TTY: 1-800-843-8058

Region 4: 1-866-221-4909
TTY: 1-800-977-5456

Region 5:
Pierce: 1-800-442-5129
TTY: 1-800-688-1165

Kitsap: 1-888-833-4925
TTY: 1-800-688-1169

Region 6: 1-877-734-6277
TTY: 1-800-672-7091

Reports of suspected abuse, abandonment, neglect, self-neglect, or financial exploitaiton about a vulnerable adult in the community are directed to the Adult Protection Services regional number (numbers are listed on the left). Reports are prioritized. An APS investigator will make a home visit, interview the alleged victim, the alleged perpetrator, and other people who may have information, and offer protective services as soon as the investigator determines that the vulnerable adult needs protection. APS will report to law enforcement if a crime is suspected, or file for an injuction if access to the alleged victim is denied.

Remedies can include assisting vulnerable adults wtih protection orders, filing for guardianship, providing a referral for legal assistance, referrals to case management, in-home care services, long-term care residential services, and referrals to other agencies.

The vulnerable adult or legal representative must give written consent for protective services and may end the services at any time.

APS conducts an investigation at no charge and without regard to the income of the alleged victim. Some protective services may be provided without cost. However, APS is not able to remove the alleged victim from his/her home without his/her permission, or detain the vulnerable adult due to capacity issues.

Additionally, APS field staff participate in community task groups addressing the awareness and prevention of, and the protection against, the abuse, abandonment, neglect, self-neglect, and

financial exploitation of vulnerable adults.

Approximately 1/3 of all APS investigations are on behalf of vulnerable adults under age 60 living in the community

*Statewide, every day ADSA receives an average of **over 100** calls about abuse or neglect.*

Updated by C. Sloan and C. Buckingham

Photo by Carole Huff

2004 APS Number of Reports and Substantiations of Abuse, Abandonment, Neglect, Self-Neglect, and Financial Exploitation

Types of reports and the numbers substantiatedstatewide in 2004.

Type of Report	Reports Statewide	Substantiated Statewide
Physical Abuse	2040	120
Mental Abuse	2260	121
Sexual	485	42
Financial Exploitation	3281	250
Neglect	2838	127
Self-Neglect	2944	436
Abandonment	56	7
Exploitation of person	978	44

Two free brochures are available on this topic:

Partners Against Adult Abuse: A Reporting Guide for Mandatory Reporters, DSHS 22-810(x)

We Are All Partners Against Adult Abuse, DSHS 22-495(x)

You can order copies of the brochures from the DSHS Warehouse by:

- e-mail (DSHSFPW@dshs.wa.gov),
- fax (360/664-0597) or
- written request (DSHS Warehouse, P. O. Box 45816, Olympia, WA 98504-5816) with the name of the brochure, the publication number (DSHS 22----[x]), and how many you want. Be sure to include your mailing address.

Visit our website **www.adsa.dshs.wa.gov**

As shown there is no coercion to accept services, and the complaints are confidential with referral of complaints to law enforcement or public protective service agencies.

Exhibit 8—Methods to Carry out Service Preference

SERVICES TO TARGET POPULATIONS

OFM population projections for 2005 inform us that there were 988,791 seniors age 60+, 110,233 of these seniors were living below federal poverty level in Washington State. Furthermore, there are 178,081 seniors living in rural communities, 19,853 of whom are also living in poverty. Because funding is limited for many OAA programs, AAAs are allowed and required to have policies to target services to those target populations called out specifically in the OAA as reauthorized in 2000.

SERVICES TO LOW-INCOME MINORITY INDIVIDUALS

Minority populations in Washington State fall into several groups. Each may have different cultures, needs, and languages.

OFM 2005 Population projection data shows an aged (60+) minority population of 225,444 of these we believe there are 25,133 who live at or below federal poverty level.

Native Americans

There are 28 federally recognized tribes in Washington, two of which (Yakama and Colville) are designated as Area Agencies on Aging. There are also unrecognized tribes and urban individuals of Native American Indian descent who are not members of local tribes.

Hispanic

Washington has a significantly increasing Hispanic population that is largely rural in the eastern part of the state and mixed rural and urban in the western part of the state.

Asians/Pacific Islanders

There are urban populations of Pacific Islander and Asian cultures, including Korean, Vietnamese, Chinese, Laotian, Philippine as well as a growing group of East Indians. The state is experiencing shortages of professional interpreters. Some of these languages include Vietnamese, Laotian, Cambodian, Samoan, Farsi and Punjabi. The state has a recruitment plan that works with current interpreter agencies to increase the number of professional interpreters.

Refugee Populations

Refugees, many from the former USSR, Kazakhstan, Bosnia, Eritrea, Somalia, Bantu, Cuba, Haiti and other South American and African countries, make up a mostly urban group. The needs of these groups are as unique as their culture.

African Americans

African Americans make up the third largest group of minorities. The poverty rate of the group is less than that of the Native American Indians, but greater than that of the majority.

Strategies

There are numerous effective strategies in use around the state. Finding and establishing relations with various ethnic groups and the Tribal entities is very important. Contracting with specialized partners for the provision of culturally appropriate services has proven to be very effective. Translation of often used materials helps. The state translates all DSHS forms and publications in eight standard languages. Other languages are translated upon request. The state and the AAAs establish contracts with professional interpreter agencies and hire bilingual staff. Use of professional certified interpreters is mandated for the department. As an example of the diversity of needs, one health care clinic in Seattle regularly uses 27 languages. Use of professional interpreters and bilingual staff is a good strategy. As an example of the diversity of needs, one health care clinic in Seattle regularly uses 27 languages. Use of professional interpreters, and bilingual staff is a good strategy.

AAA's are providing technical assistance to minority groups and providers to successfully fill out Requests for Qualifications and Proposals. In an effort to increase minority participation, ethnic meals are served one day per week at established meal sites. Korean, Samoan and Pilipino meals sites are available in Pierce and King County. These are good strategies to increase minority participation and bring people together for education and delivery of information. This is a good way to increase minority participation and bring people together for education and delivery of information.

Other methods increasing participation include forums, teaching cultural awareness to HCS and AAA staff, increasing the bilingual staff available, and setting up task forces. Use of professional certified interpreters is mandated for the department.

The state role has consisted of monitoring these efforts, having a diversity coordinator on staff monitoring the success of AAAs in the provision of services to ethnic minorities in their area, and helping set up minority providers.

Area agencies are required to address minority service in the area plans and there is monitoring of their efforts.

The sum of the effort can be described as persistent and ongoing.

Rural Service Delivery

The state of Washington has decided to adopt the definition of Rural used by NAPIS. Using that definition allows analysis of service levels in rural areas from NAPIS reports.

Rural -- A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

Rural Service Delivery—Outreach and Special Efforts in Rural Areas

The west side of Washington State becomes more urban every day. However, major rural areas exist on both sides of the state. More than 80% of the population is urban. This means that the rural areas are less populated as a percentage of the total population, and in absolute population.

The major problems of rural service are those of transportation, housing, and methods of providing services when the number of persons to be served is declining, and becoming further apart. If, for instance, it takes 50 participants to support a meal site, and the distance to include this number has increased twofold within the last few years then what was once a five-mile drive is now a ten-mile drive. One eastern Washington AAA has piloted an innovative methodology for delivering congregate meal services in an area without enough seniors to support a meal site. The Restaurant Voucher program has proved to be very popular with recipients. Each recipient is issued a certain number of meal vouchers that they may use at a local contracted restaurant to purchase a choice of pre-designated meals that meet the Senior Nutrition standards. The draw back is the lack of senior socialization that would usually occur during a congregate meal, but this seems to be assuaged by the choices that seniors are making to meet and eat with friends and family, including intergenerational opportunities for socialization. Seniors still have opportunity and are encouraged to make donations to the program by utilizing a marked donation station by the restaurant cash register. The unforeseen benefit is that other community members have chosen to also make donations and donations per meal served is at a record high. Other rural AAAs are considering replicating this program.

Many of the small communities have no way to access capital markets for housing or other infrastructure needs. Often the smaller places do not have doctors or medical personnel to provide even critical care until transportation to a medical center in a large town or city. Routine care is put off because of few transportation resources. In addition, the Managed Care Plans have collapsed in the eastern and northern parts of the state. About half of the counties in the state have no Medicare supplement policies available.

The AAA's with large rural areas are coping by using a variety of strategies such as supporting meal sites and specialized transportation. The task provided most often (32%) by Volunteer Chore is for transportation. Seniors are to some degree helping the process of "closing" down the smallest of towns by finding alternative living places in larger towns and cities as people are no longer able to meet their needs in the very isolated areas. In addition, case managers are able

to check on the very isolated and provide support for these elders to maintain their lifestyle as long as possible.

Outreach via case managers and Information and Assistance is vital in rural areas. A common model is to have I&A Specialists staff an outpost (such as at a senior center) to provide outreach and serve rural participants who may not otherwise take advantage of the services.

Most of the AAAs are also adding transportation funds from various sources, such as SCSA and volunteer chore drivers to increase the transportation in their areas .

Funding via the funding formula provides for Targeted emphasis

Washington's funding formula includes factors based on numbers of seniors, poverty, minority, square miles and LEP in each PSA. The area agencies are required to demonstrate how they have used their funds to reach targeted populations in at least the same percentage as they appear in their populations. The reports of services under NAPIS will be monitored and can be converted to a dollar amount for targeted activities in each AAA.

Outreach to Native American Elders

Several statewide efforts have been implemented starting with the reorganization of the Indians affairs Office and raising the new director to cabinet rank within the department.

In addition, the State Council on Aging has elected Joe Sampson Sr. of the Yakama Nation as chairman, and the SUA in cooperation with the Indian policy Affairs Council is developing a conference around Elder Abuse and sovereignty. We hope this training and networking will make the interface of the tribes and the Area Agencies more friction free.

Each Area Agency is required to address their efforts in their Area Plan. Effective March 1, 2006, all non-tribal AAAs were required to develop, what are called Section 7.01 plans which are to be incorporated in to their future Area Plans and updated on a regular basis. This progress will be monitored. Please see Exhibits 8A and 8B for the detailed policy and a sample 7.01 plan.

Exhibit 8A— DSHS American Indian Policy

Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

ADMINISTRATIVE POLICY NO. 7.01

SUBJECT: American Indian Policy

INFORMATION CONTACT: Office of Indian Policy and Support Services
Mail Stop: 45105
Telephone: (360) 902-7816

AUTHORIZING SOURCES: Washington State 1989 Centennial Accord
President's Executive Order #13175
Office of the Secretary

EFFECTIVE DATE: November 1, 1987

REVISED: December 1, 2004

APPROVED BY: Kathleen Brockman
Chief Administrative Officer

SUNSET REVIEW DATE: December 1, 2006

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BACKGROUND:

The Department of Social and Health Services (DSHS) follows a government-to-government approach to seek consultation and participation by representatives of tribal governments in policy development and service program activities. This is in compliance with the Washington State 1989 Centennial Accord and current federal Indian policy as outlined by Executive Order #13175 signed by President Clinton in November 2000, which promotes government-to-government relationships with American Indian Tribes.

PURPOSE:

This policy defines the Department's commitment to consultation with Federally Recognized Tribes of Washington State, Recognized American Indian Organizations, and individual American Indians and Alaska Natives in the planning of DSHS service programs, to ensure quality and comprehensive service delivery to all American Indians and Alaska Natives in Washington State.

SCOPE:

This policy applies to all DSHS programs and employees. DSHS administrators and regional program managers who oversee contracted services are also responsible for implementing this policy in the planning and delivery of contracted services.

DEFINITIONS:

Consultation: Consultation requires an enhanced form of communication that emphasizes trust and respect. It requires a shared responsibility that allows an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension.

Contracted Services: DSHS contracts with a large number of contractors to provide client services, personal services and purchased services. These contractors include individual providers, public agencies, and private (profit or non-profit) organizations. Among them are counties that receive contracts or grants to provide DSHS customers with alcohol and substance abuse treatment services, and counties that provide mental health services through Regional Support Networks. Other contracted agencies also provide licensing services, group care services, and other social and health services.

Culturally Relevant: This describes a condition where services provided to clients are appropriate according to the clients' cultural backgrounds.

Dispute Resolution: When issues cannot be resolved through consultation process alone, a dispute resolution process may be useful to resolve technical issues, policy choices, or to ensure that the parties' values have been given fair hearing and due consideration.

Federally Recognized Tribes: These are self-governing American Indian and Alaskan Native governments that are recognized under applicable federal and common law. Because of their unique sovereign status, Federally Recognized Tribes have the inherent power to make and enforce laws on their lands, and to create governmental entities.

Government-to-Government: This describes the relationships and protocols among and between Federally Recognized Tribes, and the federal, state, and other governments.

Indian Policy Advisory Committee (IPAC): This DSHS advisory committee is comprised of representatives from Federally Recognized Tribes of Washington State and the Recognized American Indian Organizations. It guides the implementation of the Centennial Accord and the DSHS American Indian Policy. The Office of Indian Policy and Support Services along with the Department tribal liaisons, provide technical support to IPAC in its ongoing communications through meeting, planning, and consultation activities. According to Article XI of the IPAC by-laws, IPAC does not have the authority or power to infringe or jeopardize the sovereignty of any Federally Recognized Tribe or non-member Tribe.

Key Identified Positions: These are DSHS managers and employees in regional or headquarters offices whose emphasis of responsibility is working in conjunction or association with the American Indian and Alaska Native Tribes. Employees in these key identified positions are required to attend the Administrative Policy 7.01 Training.

Office of Indian Policy and Support Services (IPSS): This office reports to the Secretary of DSHS and is responsible for coordinating efforts with Federally Recognized Tribes of Washington State and the Recognized American Indian Organizations in order to address the collective service needs of individual American Indians and Alaska Natives in Washington State.

Recognized American Indian Organizations: These organizations, as recognized in accordance to IPAC by-laws, include the American Indian Community Center (AICC), NATIVE Project, Seattle Indian Health Board (SIHB), Small Tribes of Western Washington (STOWW), United Indians of All Tribes Foundation (UIATF), and South Puget Intertribal Planning Agency (SPIPA), a tribal consortium. These organizations exercise their rights as American Indians and citizens of the United States and residents of the State of Washington.

Tribal Sovereignty: Federally Recognized Tribes are recognized in federal law as possessing sovereignty over their members and their territory. Sovereignty means that tribes have the legislative, executive, and judicial power to make and enforce laws, and to establish courts and other forums for resolution of disputes.

POLICY:

A. General Guidelines

1. DSHS shall provide necessary and appropriate social and health services to people of Federally Recognized Tribes of Washington State (Tribes) and Recognized American Indian Organizations (Indian Organizations) and American Indian and Alaska Native individuals.

2. DSHS recognizes, honors, and supports consultation with Tribes on a government-to-government basis, and with Indian Organizations.

3. In making policy on Indian issues, the Department shall acknowledge and consider:

   a. The sovereignty of Federally Recognized Tribes.
   b. The unique social/legal status of Federally Recognized Tribes under the Supremacy Clause and Indian Commerce Clause of the United States Constitution, federal treaties, executive orders, Indian Citizen's Act of 1924, Indian Child Welfare Act of 1978, the Centennial Accord, other relevant statutes, and federal and state court decisions.
   c. American Indian self-determination and self-governance without the termination of the unique status of Federally Recognized Tribes.
   d. Recognition of Federally Recognized tribal governments as political governing bodies of sovereign American Indian and Alaska Native tribes.
   e. Cooperation and coordination with the Governor's Office of Indian Affairs.
   f. The opportunity for Federally Recognized Tribes' involvement and consultation in, but not limited to: the Department plans, budgets, policies, program services (including those provided by contractors and grantees), operational procedures, federal waivers or exemptions to state plans, that affect American Indian people.

4. DSHS shall ensure that programs and services to Tribes, Indian Organizations, and individual American Indian and Alaska Native are culturally relevant and in compliance with this policy.

5. DSHS shall conduct periodic evaluations of the responsibilities listed above to identify progress and outstanding issues.

6. DSHS shall explore the opportunity to develop a data collection process, in consultation with Tribes and Indian Organizations, to show statewide and tribal specific patterns of service use and access.

7. This policy does not waive, alter, or diminish the sovereignty of Federally Recognized Tribal governments: nor does it affect federal or tribal protected rights for Individual American Indians or Alaska Natives, or any other rights under the Centennial Accord, Treaty, Executive Order, self-determination, self-governance, or other applicable Federal, Tribal or State laws.

8. DSHS shall recognize the rights of Federally Recognized Tribes to bring their issues and needs to the direct attention of the Governor under the

Centennial Accord at any time.

9. This policy defines specific duties and responsibilities for DSHS employees. This policy also provides opportunities for Tribes and Indian Organizations to participate "in part" or "in total" at their discretion. This policy is in full force and effect regardless of the degree of participation of any Tribe or Indian Organization. DSHS employees shall extend the full benefit of this policy even if a Tribe or Indian Organization decides not to participate.

10. Each Regional Administrator, Field Services Administrator, or Division Director shall develop and submit a biennial Policy 7.01 Implementation Plan to his or her Assistant Secretary by April 2nd of each even-numbered year before the beginning of the biennium, and submit the annual Progress Report by April 2nd of each odd-numbered year. Each Assistant Secretary shall submit the consolidated Implementation Plan for his or her administration to the Office of Indian Policy and Support Services (IPSS) by April 30th of each even-numbered year, and submit the administration's annual Progress Reports to IPSS by April 30th of each odd-numbered year. IPSS shall provide to the Cabinet an overview of each administration's Implementation Plan by June 30th of the same year.

11. The Policy 7.01 Implementation Plan and the annual Progress Report shall be developed in consultation and collaboration with the Tribes and Indian Organizations. A uniform matrix format shall be used for the purpose of performance measurements. *See Attachment 1: Policy 7.01 Implementation Plan Reporting Guidelines.*

12. DSHS managers with appointing authority shall include representatives from Tribes and Indian Organizations as part of employee interview panels for key identified positions.

B. Communications

1. The IPSS staff and regional managers shall maintain the information distribution list within their regions and provide information to the Tribes and Indian Organizations on a regular basis.

2. IPSS shall hold quarterly meetings with each Assistant Secretary to timely identify issues between DSHS and the Tribes and discuss strategies for addressing the issues.

3. The Assistant Secretaries shall update the Cabinet on tribal relations and the status of their Policy 7.01 Implementation Plans specific to each administration.

4. The IPSS staff shall hold quarterly meetings with all programs' liaisons/program managers identified by each administration to discuss collaboration and integration within DSHS with respect to tribal services.

5. IPSS shall schedule two Assistant Secretaries to attend each Indian Policy Advisory Committee (IPAC) meeting and discuss the planning for specific areas of partnership with the Tribes and Indian Organizations.

C. Consultation Process

1. Administrations of DSHS may initiate a consultation process with Tribes and also seek advice from IPAC at the same time. A detailed process and information is provided on page 12. *Attachment 2: DSHS Administrative Policy 7.01 Consultation Flowchart.*

2. Representatives from DSHS and Tribal government shall identify the participants in the two-way consultation process and establish participation at the appropriate level. Participants shall disclose any limitations on their ability to make decisions on behalf of the agency prior to consultation meetings.

3. Participants shall provide a clear description of the nature of the issues. Related documents or statements describing the purpose and issues shall be provided in advance to all consultation participants. Any sensitive information or legal limitations on or requirements for disclosure of information should be identified in advance.

4. Participants shall have sufficient time to review documents and respond to requests for consultation. The amount of time can vary depending on the nature and complexity of the issues. If decisions require quick actions due to imposed deadlines, every effort shall be made to provide written notice in advance to allow for meaningful input and response.

5. Participants shall establish and adhere to a schedule for consultation. DSHS and tribal participants shall jointly determine the protocols, timing and number of meetings needed for consultation.

6. Participants shall recognize that each Tribe is unique culturally and administratively. It is important to acknowledge tribal customary law or religious rules regarding issues of confidentiality.

7. Participants shall consider use of workgroups or task forces to develop recommendations on actions on various technical, legal or policy issues.

8. Participants shall report the outcomes of the consultation to the Tribes, Indian Organizations, DSHS Secretary, and appropriate administrations. With the goal to reach consensus as the outcome of the consultation, DSHS and tribal participants shall actively participate in the consultation so that all views can be considered. Once the consultation is completed and a policy decision is final, all recommended follow-up actions shall be communicated, implemented, and monitored. The issue and the solution shall be incorporated into the Policy 7.01 Implementation Plan including all related attachments for record purposes.

D. Dispute Resolution Process

1. In light of the sovereign government status of Tribes, when consultation alone has not been successful in resolving issues at the regional level, Tribes have the authority to raise the issues to the Assistant Secretary, Secretary, or the Governor.

2. Depending on the particular issues involved, DSHS shall select the most appropriate dispute resolution mechanism from the following: mediation, agreed fact-finding, arbitration, or litigation within agreed parameters. Participation in this process does not waive, alter, or otherwise diminish the rights of either party to seek other actions or remedies provided for by applicable tribal, federal, or state law.

3. In a formal arbitration process, a hearing panel shall be established to perform the following duties:

    a. Notify the involved parties that a complaint has been filed.
    b. Determine if the case is eligible for a hearing under this policy.
    c. If the case is not eligible for a hearing, notify the involved parties that the case is not accepted and where the case shall be referred.
    d. If the case is eligible for a hearing, notify the involved parties when a case is accepted and when a hearing will be scheduled.
    e. Establish a time and place for a hearing, and notify the involved parties.
    f. Conduct a hearing and keep a record of the proceedings.
    g. Consider the facts presented by all involved parties and render a decision.
    h. Notify the involved parties of the decision.

4. Through the arbitration process, the involved parties use their collective ability to resolve issues of mutual concern. No party waives any rights including but not limited to treaty rights and immunities, including sovereign immunity or jurisdiction.

5. In cases where agreements cannot be reached, each party is free to pursue its interests through any means that it deems appropriate, including litigation. No party waives any rights including but not limited to treaty rights and immunities, including sovereign immunity or jurisdiction. In the event of litigation, agreements to meet and confer before litigation is filed may help to ensure each party understands the positions and interests of the other parties, and may provide opportunities to discuss how to reduce the time and cost of litigation for all concerned.

E. Duties and Responsibilities

1. The Secretary of DSHS shall:

   a. Communicate with each Tribe, Indian Organization, and IPAC, review their recommendations, and where appropriate, implement the recommendations within the realm of his or her authority, and provide periodic updates to the Governor's Cabinet.
   b. Consider seeking legislative support for Tribal and Indian Organization programs and services when submitting budget request to the Office of Financial Management (OFM) and submitting legislative proposals related to social and health services.
   c. Support the federal model of "self-determination" and "self-governance" for tribal management of state funded programs while discussing relevant issues with OFM and the Governor's Office.
   d. Work with Tribes, Indian Organizations, and IPAC in assessing unmet needs, service gaps, and other outstanding issues, and address those issues within the realm of his/her authority.
   e. Consult with Tribes, Indian Organizations and IPAC before making substantive changes to IPSS or the American Indian Policy.
   f. Present the DSHS Policy 7.01 Progress Report each year to the: (1) IPAC members, Tribes and Indian Organizations, (2) the Governor's Cabinet, and (3) DSHS Cabinet.

2. The Office of Indian Policy and Support Services (IPSS) shall:

   a. Be responsible for the overall coordination, monitoring, and assessment of the department's relationships with Tribes and Indian Organizations.
   b. Facilitate DSHS communications and consultations on an ongoing basis with Tribes and Indian Organizations to ensure the department's thorough consideration of all suggestions and recommendations.
   c. Advocate for the delivery of DSHS services that are of high quality and culturally sensitive, and ensure that American Indian and Alaska Native children, families, and individuals can access DSHS

services in a timely manner.

d. Communicate with DSHS management, regional representatives and contractors to assist them in understanding and implementing this policy.

e. Monitor issues on services to American Indians and Alaska Native, bring issues to the appropriate administrator for resolution, and recommend specific actions to resolve issues in compliance with this policy. IPSS staff are authorized to participate at any level of DSHS, and to access any information necessary for the performance of their duties.

f. Provide staff support to IPAC for its ongoing communications through meeting, planning, and consultation activities.

g. Provide ongoing training and information on this policy to department and tribal staff.

h. Work with administrators and Tribes of concern to resolve issues based on IPSS Director's reviews of Policy 7.01 Implementation Plans and progress reports with the Assistant Secretaries.

3. The Assistant Secretaries shall:

a. Include consideration of resources (including State funds, contracts, or grants) to support Policy 7.01 planning activities, functions and goals when submitting budget requests to the Secretary for DSHS budget submittal to OFM.

b. Include identified federal waivers or exemptions to their state plans when they are resubmitted, updated or modified to promote and enhance tribal self-determination and self-governance. Said waivers and exemptions shall have been identified in consultation with Tribes, Indian Organizations and IPAC.

c. Review and utilize regional Policy 7.01 Implementation Plans to develop administration specific statewide plans. These plans shall capture common issues and potential problems and provide ways to bring attention to concerns specific to Tribes and Indian Organizations.

d. In consultation with the Secretary, sponsor and participate in the annual statewide Policy 7.01 meeting where the activities of the Policy 7.01 Implementation Plans will be addressed and updated.

e. Inform and seek input from IPSS when developing policies and procedures that will have a unique effect on Tribes or Indian Organizations.

4. Division Directors shall:

a. Identify, measure and evaluate performance indicators of the division related to the implementation of this policy.

b. Inform and seek input from IPSS when developing policies and procedures that will have a unique effect on Tribes or Indian Organizations.

5. Regional Administrators or Field Services Administrators shall:

a. Seek tribal consultation in the development of biennial Policy 7.01 Implementation Plans, performance measures, and annual Progress Reports (see Attachment: Policy 7.01 Implementation Plan Reporting Guidelines).
b. Inform and seek input from IPSS when developing policies and procedures that will have a unique effect on Tribes or Indian Organizations.
c. Appoint Tribal Liaisons and provide opportunities for tribal specific training and participation in meetings and conferences as funding permits. Tribal Liaisons will attend IPAC meetings and along with IPSS staff provide technical support or information to the IPAC members.
d. Identify, measure and evaluate performance indicators of the Region related to the implementation of this policy.

ATTACHMENT 1

Policy 7.01 Implementation Plan Reporting Guidelines

The Policy 7.01 Implementation Plans and the Annual Progress Reports shall be developed in consultation and collaboration with each Tribe and Indian Organization.

A. Reporting Schedule:

Each Regional Administrator or Field Services Administrator shall:

1. Develop and submit the biennial Policy 7.01 Implementation Plan to his or her Assistant Secretary by April 2nd of each even-numbered year for the following two fiscal years starting July 1. The purpose is to have a complete Implementation Plan ready to implement by July 1 of the next biennium.
2. Incorporate any amendments to the Policy 7.01 Implementation Plan as they are negotiated during the biennium, and immediately send the amendments to the Assistant Secretary.
3. Submit the first annual Progress Report to the Assistant Secretary by April 2nd of the next odd-numbered year.
4. Incorporate the second annual Progress Report into the next biennial Policy 7.01 Implementation Plan by April 2nd of the following even-numbered year, with the new goals, objectives or activities specifically noted.

Each Assistant Secretary shall:

1. Submit the consolidated biennial plan for his or her administration to IPSS by April 30th of each even-numbered year. The purpose is to have a complete Implementation Plan ready to implement by July 1 of the next biennium.
2. Upon receiving any amendments to the Policy 7.01 Implementation Plan from the Regional Administrator or Field Services Administrator, review and finalize the amendments, and submit to IPSS within 30 days of approval.
3. Submit the administration's first annual Progress Report to IPSS by April 30th of the next odd-numbered year.
4. Incorporate the second annual Progress Report into the next biennial Policy 7.01 Implementation Plan by April 30th of the following even-numbered year, with the new goals, objectives or activities specifically noted.

B. Planning Checklist

This checklist is provided to assist the assigned employees in key identified positions in developing the Implementation Plan. This exercise can help identify areas that need to be improved upon.

☐ 1. Have you scheduled regular meetings with the Tribes to discuss Policy 7.01 Implementation Plan and/or Progress Report? When and how often do you meet?

☐ 2. Have your Administration, Region, Division, Program, Contractors or Grantees met with the Tribes in your area and identified issues that need to be addressed? What were the topics of the issues? What were the agreeable solutions?

☐ 3. Have you included Tribal contacts in your information sharing, problem-solving and planning activities? Who are your contacts at the Tribe?

☐ 4. Have you notified Tribes of funding opportunities, RFP's, available grants, or training opportunities from DSHS? What were they?

☐ 5. Do you have any special/pilot projects that include tribal participation or need to have tribal participation? What are they?

☐ 6. Are your employees trained to address culturally sensitive issues or have access to culturally relevant resources?

☐ 7. Is your program/division able to respond to current needs of the tribes? How?

☐ 8. Did your program or division provide training to the Tribes? What tribes? What kind of training was provided?

☐ 9. Was technical assistance provided to the Tribes? If yes, in what capacity?

☐ 10. Do you have Local Area Agreements or current working agreements with the Tribes? What are they? Are they current?

☐ 11. Do you contract directly with the Tribes? What are these contracts?

☐ 12. Do you have a plan for recruiting Native American providers, contractors, or employees?

☐ 13. Did you inform and seek input from IPSS when developing policies and procedures that will have a unique effect on Tribes or Indian Organiza-

tions?

☐ 14. Do you have issues or concerns that require assistance from the Office of Indian Policy and Support Services (IPSS)? Have you discussed these issues with IPSS?

C. Format

The matrix below shall be used for both Implementation Plan and Progress Report starting no later than 2006.

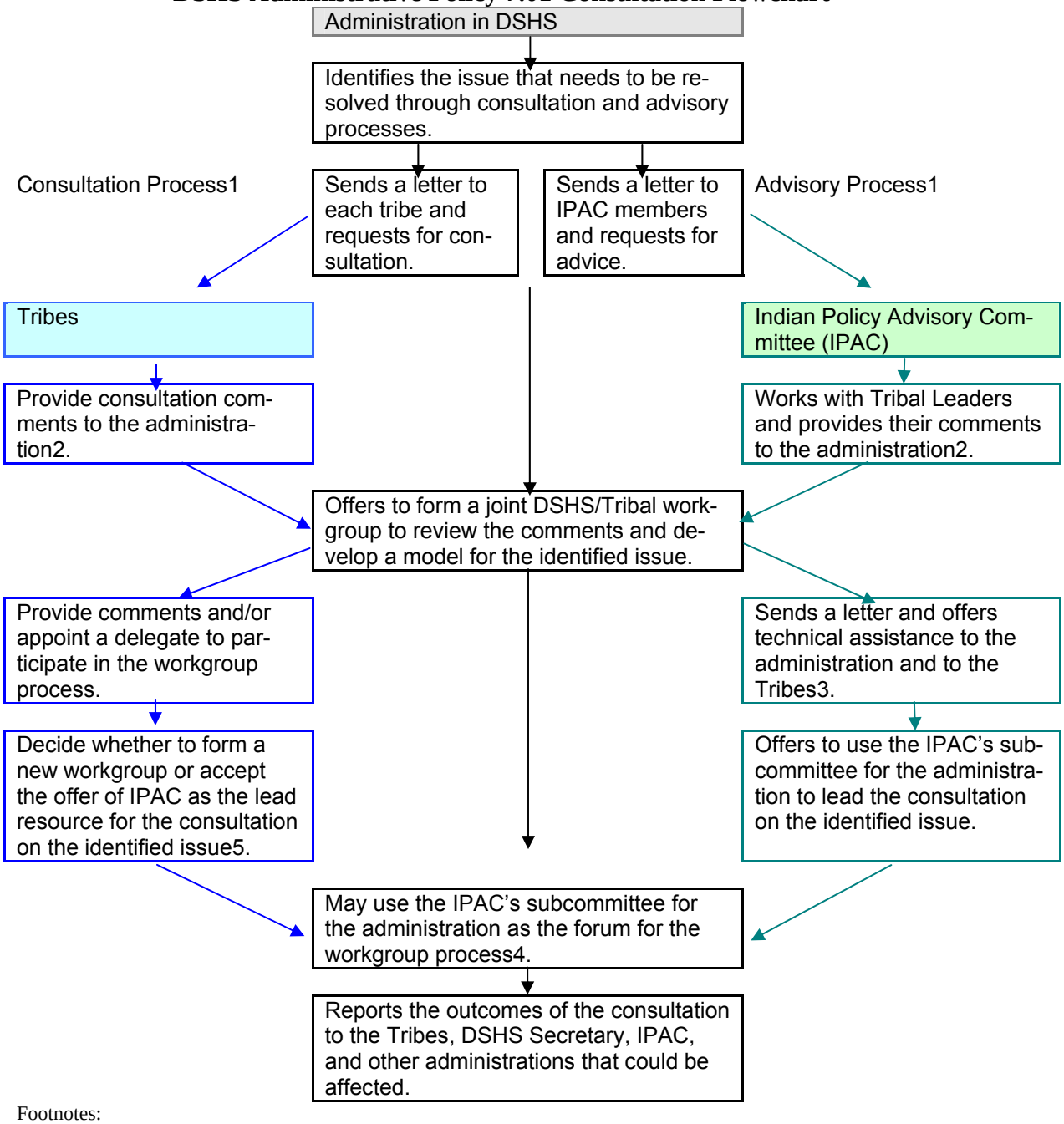
Policy 7.01 Implementation Plan
Biennium Timeframe: July 1, ____ to June 30, ____

Plan Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each even-numbered year.

Progress Report Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each odd-numbered year.

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1

DSHS Administrative Policy 7.01 Consultation Flowchart



Footnotes:

1 The "consultation" with Tribes can be occurring at the same time that IPAC is performing their "advisory" work.

2 Sometimes it may be the same employee who provides the consultation comments on behalf of the Tribe and also prepares the advisory comments as an IPAC delegate.

3 The IPAC letter would also include a list of the current IPAC delegates and subcommittee members. This would make it easier for Tribal Leaders to identify people who are already working on the issues through IPAC.

4 Many Tribes have already designated delegates to IPAC, and the existing subcommittee could be the lead resource for Tribes to work on the joint DSHS/Tribal model development.

5 Some Tribes may prefer to use their existing IPAC delegates and work through the IPAC subcommittee rather than having duplicate meetings on the same issue.

Exhibit 8B – Sample AAA 7.01 Plan

Policy 7.01 Implementation Plan

PSA 2

NORTHWEST REGIONAL COUNCIL—AREA AGENCY ON AGING

Biennium Timeframe: July 1, 2005 to June 30, 2007

Plan Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each even-numbered year.
Progress Report Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each odd-numbered year.

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff (bold) and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2005
1. Continue to provide Tribal Outreach Assistance services.	a. Continue to visit each tribe on a regular (weekly/biweekly/monthly) basis. b. Hold meetings with individual tribes or tribal groups to discuss elder issues as requested. c. Expand activities in this area through grants available. d. Continue to include Tribal Outreach Staff in agency planning, training, and project development.	a. Enhanced access to needed service for tribal elders. b. Increased collaboration with local tribes and community partners to assure appropriate services.	**Sharon Wolf** **Eythl Warbus** **Esther Williams** Shelly Zylstra 2006-2007	
2. Continue to provide technical assistance to local tribes for planning and coordination for Adult Family Home Project.	a. Seek information about the Greenhouse Project to see if the project goals meet local needs. b. Work with local tribes to develop plans for the AFH and identify sources of funds for construction.	a. Construction of tribally-owned and operated AFH on those reservations that choose to participate.	**Shelly Zylstra** Sharon Wolf Eythl Warbus Esther Williams 2006-2007	

Policy 7.01 Implementation Plan

PSA 2

NORTHWEST REGIONAL COUNCIL—AREA AGENCY ON AGING

Biennium Timeframe: July 1, 2005 to June 30, 2007

Plan Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each even-numbered year.
Progress Report Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each odd-numbered year.

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff (bold) and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2005
3. Conduct training for Title VI Coordinators and staff to assure that program requirements are met and elders are well served.	a. Train tribal nutrition programs about menu writing, sanitation and safety, and other programmatic issues. b. Train and provide technical assistance for tribal staff in meeting reporting requirements for federal Title VI programs c. Provide technical assistance on proposal development for Title VI Grants.	a. Enhanced compliance for tribal Title VI programs. b. Increased resources for programs through captured funds and program efficiencies.	**Shelly Zylstra** Sharon Wolf Eythl Warbus Esther Williams Maureen Kane Carol Taylor Kim Boon 2006-2007	
4. Establish billing agreements for Medicaid Access Programs (transportation) with local tribes.	a. Develop agreement documents. b. Provide technical assistance for billing procedures. c. Work with tribes to assure that all eligible trips are billed. d. Bill MAA for Tribal Trips.	a. Increased use of Medicaid Transportation by Tribal members. b. Provide resources to Tribes to pay for Medicaid transportation to their own members.	**Judy Shantz** Shelly Zylstra Cindy Madigan 2006-2007	

Policy 7.01 Implementation Plan

PSA 2

NORTHWEST REGIONAL COUNCIL—AREA AGENCY ON AGING

Biennium Timeframe: July 1, 2005 to June 30, 2007

Plan Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each even-numbered year.
Progress Report Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each odd-numbered year.

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff (bold) and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2005
5. Continue to provide Tribal Case Aides to assist Case Management staff in region.	a. Case Aide participation in Tribal clients' assessments, annual review, and financial eligibility reviews. b. Case Aide consultation and training with case managers related to issues for tribal elders.	a. Enhanced assessment for elders and appropriate services.	**Sharon Wolf** **Eythl Warbus** **Esther Williams** Julie Johnson Carol Taylor Joan McDermott Rosann Pauley Contracted Supervisors as necessary. April, 2006	
6. Provide Medicare Part D program training and technical assistance for local tribes.	a. Presentations at each Elders' Center. b. Assist with enrollment. c. Provide technical assistance to clinics to develop contracts and funding streams.	a. Elders will enroll in Medicare Part D programs. b. Clinics will receive payment for services through contract with medication contractors.	**Maureen Kane** Sharon Wolf Eythl Warbus Esther Williams Shelly Zylstra Carol Taylor January-April, 2006	

Policy 7.01 Implementation Plan

PSA 2

NORTHWEST REGIONAL COUNCIL—AREA AGENCY ON AGING

Biennium Timeframe: July 1, 2005 to June 30, 2007

Plan Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each even-numbered year.
Progress Report Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each odd-numbered year.

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff (bold) and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2005
7. Provide technical assistance to Lummi Home Care to assist with compliance with home care regulations.	a. Respond to questions from Home Care staff. b. Assist with the development of forms, policies, procedures, and problem solving.	a. Enhanced understanding of the home care regulations and requirements.	**Richard Dietz** **Rick Gordon** Shelly Zylstra 2006-2007	
8. Collaborate with local tribes to enhance understanding of elder abuse in all its presentations.	a. Work with local tribal governments to establish a resolution outlawing elder abuse on each reservation. b. Include tribal representatives on Elder Abuse Council and training developed in the region.	a. Tribal governments will establish codes against elder abuse. b. Enhanced understanding of the many "faces" of elder abuse.	**Sharon Wolf** Julie Johnson Eythl Warbus Esther Williams Shelly Zylstra 2006-2007	

Policy 7.01 Implementation Plan

PSA 2

NORTHWEST REGIONAL COUNCIL—AREA AGENCY ON AGING

Biennium Timeframe: July 1, 2005 to June 30, 2007

Plan Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each even-numbered year.
Progress Report Due Dates: April 2 (Regional Plan submitted to Assistant Secretary) and April 30 (Assistant Secretary Plan submitted to IPSS) of each odd-numbered year.

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff (bold) and Target Date	(5) Status Update for the Fiscal Year Starting July 1, 2005
9. Provide cultural awareness training for NWRC and contractor staff.	a. Continue to address cultural awareness in staff orientation. b. Annual training for NWRC staff. c. Training for contractors when suggested by tribes or requested by contractors.	a. Increased cultural competency when dealing with Indian Elders.	**Sharon Wolf** Eythl Warbus Esther Williams Shelly Zylstra 2006-2007	
10. Include Tribal representation on the Northwest Senior Services Board	a. Continue to have tribal members on the NWSSB to provide input to local aging programs, policy development, and decision- making.	a. Enhanced communication and collaboration through NWSSB members and local tribes.	**Richard Dietz** Sharon Wolf Eythl Warbus Esther Williams Shelly Zylstra 2006-2007	

Exhibit 9—Quality Control for In-Home Services

QUALITY ASSURANCE OVERVIEW

(From Long Term Care Manual, Chapter 23)

A. Purpose

The purpose of this chapter is to outline QA/QI activities and responsibilities for ADSA, Home & Community Services Division.

To provide quality, well-planned, efficient and accountable home and community-based care is one of the central missions of Aging and Disability Services Administration. The development of a Quality Assurance (QA) system is critical in accomplishing this mission. In order to achieve a full spectrum of quality, the system must include both quality assurance and improvement activities such as:

- Quality assurance procedures that will enable Aging and Disability Services Administration (ADSA) to evaluate and ensure its ongoing compliance with Federal Funding Participation (FFP) ensuring federal match for ADSA programs, Centers for Medicaid and Medicare Services (CMS) Protocols, Home and Community Based Service waiver requirements, and State and Federal law;

- Gathering a consistent broad range of information to identify trends - strengths and weaknesses at all levels (Worker, Unit, Region/AAA and Statewide);

- Identifying training needs for quality improvement. Development of training is necessary to address trends at all levels – individual, local unit, regional/AAA, and statewide;

- Identifying best practices within HCS and AAA operations with the purpose of sharing strategies across the state;

- Setting or establishing standardized and comprehensive procedures to assess the quality of case management services delivered to Home and Community Services (HCS) and Area Agency on Aging (AAA) clients;

- Assessing compliance with existing regulation, policies and standards and identifying those that may not be adequate or clearly articulated to the field;

- Reviewing the overall quality of service files - focusing on the quality and accuracy of the assessment, care plan, and determining whether issues identified in the file regarding quality of care are responded to in a timely manner;

- Reviewing level of care determinations to assure that clients require the care and services for which they have been authorized;

- Assuring that client services and payments for those services are appropriately authorized and paid;

- Reviewing the delivery of services to determine that clients receive services for which authorization and payment are made;

- Collecting client feedback to determine satisfaction with the services; and
- Reviewing files to assure mandatory reporting requirements are followed.

Adult Protective Services

Adult Protective Services (APS) Program Management Staff are developing a parallel monitoring and quality assurance process. This process will involve headquarter and regional

B. Policy

The same criteria will be used when monitoring both HCS and AAA. The laws below do not reference Home and Community Services, but grant the department the ability to expand their monitoring efforts.

Section 1915 (c) of the Social Security Act #17: Authorizes the COPES Waiver and requires that the State of Washington have a formal system in place for monitoring the quality standards outlined in the waiver and that all problems identified by monitoring are addressed.

- RCW 74.39A.050: Requires DSHS to implement a long-term care quality improvement system that focuses on consumer satisfaction and positive outcomes for consumers.

- RCW 74.39A.090: Requires DSHS to monitor the degree and quality of case management services provided to elderly and disabled clients by Area Agencies on Aging (AAA).

- RCW 74.39A.095: Specifies the minimum elements that must be included in AAA oversight of care being provided to clients.

Exhibit 10— Civil Rights Program

Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

IT IS THE POLICY OF THE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
THAT NO PERSON SHALL BE SUBJECTED TO DISCRIMINATION IN SERVICE PROVISION BY THIS AGENCY OR ITS CONTRACTORS BECAUSE OF RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, SEX, AGE, OR DISABILITY

AND

IT IS ALSO THE POLICY OF THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES THAT NO PERSON SHALL BE SUBJECTED TO DISCRIMINATION IN EMPLOYMENT BY THIS AGENCY OR ITS CONTRACTORS BECAUSE OF RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, SEX, SEXUAL ORIENTATION, AGE (40+), MARITAL STATUS, DISABLED VETERAN STATUS, VIETNAM VETERAN STATUS, OR DISABILITY

DSHS NON-DISCRIMINATION POLICY

General information about the Department of Social and Health Services (DSHS) policy on non-discrimination, equal opportunity, and discrimination complaint procedures.

Describes the services available to persons who believe they have been discriminated against by DSHS

Policy

It is the policy of DSHS that persons shall not be discriminated against (in services) because of race, color, national origin, creed, religion, sex, age, or disability. It is also the policy of DSHS that persons shall not be discriminated against (in employment) because of race, color, national origin, creed, religion, sex, sexual orientation, age (40+), marital status, disabled veteran status, Vietnam Era veteran status, or disability. It is a violation of the DSHS Non-Discrimination Policy when inequitable practices, based on the aforementioned factors, occur in service delivery and/or employment. Some of these practices are listed as follows:

- Deny services or benefits
- Refuse to hire or promote
- Fail to provide appropriate interpreter services, including American Sign Language (ASL)
- Limit access to services because of inaccessible facilities
- Fail to make reasonable accommodations and reasonable modifications to allow full participation of persons with disabilities in all programs, activities and services
- Deny the opportunity to act as a consultant or volunteer or serve on advisory bodies, committees and boards

NON-DISCRIMINATION PLAN

The DSHS Non-Discrimination Plan reflects the department's official policy and commitment that there shall be opportunity, free from discrimination, for all persons. The plan applies to services and employment by DSHS and its contractors.

The Non-Discrimination Plan is consistent with Titles VI and VII of the Civil Rights Act of 1964 as amended in 1972; Executive Order 11246 as amended by Executive Order 11375; Sections 503 and 504 of the Rehabilitation Act of 1973 as amended; the Age Discrimination Acts of 1967 and 1975; the 1974 Vietnam Era Veteran Readjustment Assistance Act; Americans With Disabilities

Act of 1990; Civil Rights Act of 1991; the Washington State Law Against Discrimination, RCW 49.60; and, State Executive Orders 89-01, 93-03 and 93-07. A copy of the DSHS' Non-Discrimination Plan is available at the Office for Equal Opportunity (OEO) or any DSHS Office.

Discrimination Complaints

If you believe DSHS has discriminated against you, complete the complaint form found at http://www.dshs.wa.gov/geninfo/daeopub.html or call Division of Access & Equal Opportunity at **1-800-521-8060** (voice) **1-800-521-8061** (TTY) and they will get you a form or help you get it to OEO. It must go to OEO within 180 days of the alleged discriminatory act(s). If you know of discrimination based on the previously mentioned factors, contact OEO. You may also file a complaint with the following agencies:

Washington State Human Rights Commission

U.S. Department of Health and Human Services, Office for Civil Rights

U.S. Equal Employment Opportunity Commission

U.S. Department of Agriculture, Food, and Nutrition Services (discrimination in administering the Food Stamp Program)

Filing a complaint with OEO may not preserve the time frame for filing a complaint with any of the external agencies listed previously. You must contact each agency to determine the specific time frame (usually 180 days) for filing complaints with them.

Retaliation

In accordance with the state and federal laws, any person who has filed a complaint or assisted the investigation of a complaint, shall not be intimidated, threatened, coerced, or discriminated against. Complaints of this nature must be filed within 180 days of the alleged retaliatory act(s).

Policy and Procedure Manual

CHAPTER 5 – NONDISCRIMINATION AND EQUAL ACCESS

Purpose:

This chapter contains policies and procedures for affirmative action in employment and nondiscrimination in programs, services, and employment. This chapter contains:

Section I - Statement of Policy
Section II - Non-discrimination Plan

The policies, procedures and non-discrimination plan found in this chapter are based upon the following:

1. Title VI and VII of the Civil Rights Act of 1964, as amended
2. Title VII of the Equal Employment Opportunity Act of 1972
3. Older Americans Act of 1965, as amended
4. 5 CFR Part 900.401 et sec, Civil right/Non-Discrimination in Federal Assistance Programs
5. Sections 503 and 504 of the Rehabilitation Act of 1973, as amended
6. Americans with Disabilities Act of 1990, as amended
7. Washington State Law Against Discrimination, Chapter RCW 49.60
8. Affirmative Action RCW 49.74
9. Age Discrimination Act of 1975, as amended
10. Age Discrimination in Employment Act of 1967, as amended
11. Civil Rights Act of 1991
12. 1974 Vietnam Era Veterans Act of 1991
13. Governor's Executive Order 96-04

Section I - Statement of Policy

It is the policy of Department of Social and Health Services (DSHS) that no person shall be subjected to discrimination by this agency, its contractors, or its sub-recipients because of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, disabled veteran status, Vietnam Era veteran status, or presence of any sensory, mental or physical disability, or use of a trained dog guide or service animal by a person with a disability.

For purposes of this policy, marital status, disabled veteran status, and Vietnam Era veteran status only apply to employment practices. All other criteria apply to both employment and service delivery.

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[1] Sexual orientation is a criteria mandated by Governor's Executive Order 96-04. This criteria covers only state government employment and does not apply to the employment practices of

the Department's contractors unless provided for under local law.

[2]This policy does not apply to a religious corporation, association, educational institution, or society with respect to employment of individuals of a particular religion to perform work connected with the carrying on by such corporation, association, educational institution, or society or its activities.

Section II - Non-discrimination Plan

The agency's non-discrimination policy and provision contained herein apply to every aspect of the agency's programs, practices, policies, and activities, as well as to those of its vendors, grantees, subgrantees, licensees, certified providers, contractors, and subcontractors (hereafter known as contractors)

A. Required Policies

1. All Area Agencies on Aging and their subcontractors are required to have non-discrimination policies that:

- Prohibit discrimination in employment or services on the basis of:
  - Race
  - Color
  - Religion
  - Creed
  - National Origin
  - Age
  - Sex; and
  - Disability
- In addition, they shall prohibit discrimination in employment only on the basis of:
  - Marital Status
  - Disabled Veteran Status
  - Vietnam Era Veteran Status
- In addition, they shall prohibit discrimination in services on the basis of:
  - Sexual orientation (also applies to state government employment and where provided for under local law)

2. All Area Agencies on Aging and their subcontractors are also required to have policies that focus specifically on sexual harassment and HIV/AIDS. The policy on HIV/AIDS shall state the prohibition of discrimination on the basis of HIV/AIDS applies to:

- Persons diagnosed with HIV or AIDS;
- Persons regarded as having or at high risk for getting HIV/AIDS;
- Persons associated with either of the above (To be considered a person "associated with" one does not have to be related to or live with either of the above. Associated with includes persons who work or volunteer at places or organizations that are involved with HIV/AIDS

in any capacity or who have friends or acquaintances in the above referenced groups.); and
- Cover both employment and services.

3. All non-discrimination policies are to be written, articulated, disseminated and enforced.

4. Various federal non-discrimination regulations cover employers with specific numbers of employees from 3 to 50 depending on what part of which regulation is being applied.

- The ADA, Title I applies to employers with 15 or more employees;
- Washington State Law Against Discrimination, Chapter RCW 49.60 covers all employers with 8 or more employees;
- a written discrimination complaint procedure is required by Federal Law for employers with 15 or more employees;
- All contractors (regardless of the number of employees) are required to post notification of policies including where and how to file complaints of discrimination;
- Written Affirmative Action Plans are required when the employer has 50 or more employees and $50,000 or more in federal funding.

B. Specific Discriminatory Practices Prohibited, but not limited to:

1. AAAs and their subcontractors may not, under any program, directly or through contractual or other arrangements:

a. Discriminate against any person in the recruitment, hiring, training, compensation, benefits, promotion, transfer, termination, lay-off, or any other terms or conditions of employment;

b. Harass or make any comments, display or distribute any materials that are derogatory;

c. Deny a person any services, financial aid, or other program benefits;

"Service, financial aid, or other benefit under state or federally assisted programs includes any education or training, any evaluation, guidance, counseling, or placement service, any health, welfare, rehabilitation, housing or recreational service, any referral of individuals for any of the foregoing services, any consultative, technical, or information services, and any scholarship, fellowship, or traineeship stipend or allowance, any loan, or other financial assistance or benefit (whether in case or in kind), which is made available (1) with the aid of state or federal financial assistance; or (2) with the aid of nonfederal funds required to be made available for the program as a condition to the receipt of federal financial assistance; or (3) in or through a facility provided with the aid of federal financial assistance or the funds referred to in (2) above."

d. Provide access which does not afford equal participation or benefit to that provided to others;

Provide different or separate aid, benefit or services to a person or a class of persons unless such action is necessary to provide equally effective aid, benefit or services;

e. Aid or perpetuate discrimination against a person by providing assistance to any agency, organization, or person which discriminates;

f. Deny a person the opportunity to participate as a member of planning or advisory boards, or as a volunteer, consultant, or conferee;

g. Determine and select the site or location of facilities, programs or activities that will have the effect of excluding or denying persons from benefits or subject persons to discrimination.

h. Utilize criteria or methods that have the effect of subjecting persons to discrimination, or have the effect of defeating or impairing the accomplishments or objectives of the non-discrimination policies.

Section 504 of the Rehabilitation Act and the ADA require that agencies operate each program, service, or activity so that when viewed in its entirety, the program, service, or activity is readily accessible to and usable by persons with disabilities. One way to help guarantee that a program, service or activity is accessible, is to make sure that it is offered in an accessible building or facility.

C. Methods of Administration

Below are specific procedures to provide a framework to follow in taking concrete measures to ensure nondiscrimination in all programs and activities.

1. Dissemination of Information and Training for Staff

AAAs and their subcontractors will each inform and instruct their own staff concerning their obligations under the Civil Rights Laws, the ADSA Nondiscrimination Plan and the complaint procedure. Each agency shall also ensure that members of its staff, who have contact with program beneficiaries, are informed of the ethnic, cultural and language differences as well as the physical, mental, sensory and emotional disabilities that may impact the way in which services are to be effectively provided. Compliance with this part will include, but not be limited to:

a. Making copies of the Nondiscrimination Plan available to the entire staff; and

b. Providing, as part of a new employee's orientation training, information regarding the obligation, intent, and meaning of the Civil Rights Laws, the Nondiscrimination Plan, and the complaint procedures.

2. Compliance by Contractors

ADSA recognizes its obligation for compliance extends to its contracting agencies and subcontractors, and assures that such participants in its programs comply with the ADSA Nondiscrimination Plan. This will be accomplished by, but not limited to:

a. Providing contracting agencies (who shall, in turn, provide their subcontractors) with a clearly written explanation of their responsibilities under ADSA's Nondiscrimination Plan;

b. Requiring contracting agencies and subcontractors to provide written assurance they will comply with the ADSA Nondiscrimination Plan.

c. Recognizing that assurances of compliance serve primarily as notice to participants of the program that they must comply with the Nondiscrimination Plan, and do not automatically indicate actual compliance;

d. Conducting compliance reviews;

e. Requiring contractors and subcontractors found to be not in compliance to take corrective action to meet compliance.

3. Dissemination of Information to Beneficiaries and the General Public

ADSA, its contracting agencies and subcontractors shall notify their participants, beneficiaries, potential beneficiaries, applicants and employees of the existence of available programs and services, and of the fact that services, financial aid, and other benefits are provided on a nondiscriminatory basis as required under the Nondiscrimination Plan. Further, such persons shall be notified of their right to file a complaint if they believe they have been discriminated against. This may be accomplished by, but not limited to:

a. Providing information to applicants, recipients and potential recipients regarding non-discrimination policies, their rights to file a discrimination complaint, the timelines for filing, where and how to file, and protection against retaliation.

b. Including a non-discrimination statement on all printed material used to publicize the program;

c. Including a non-discrimination statement on recruitment materials and application forms;

d. Displaying the multilingual notice of right to interpreter services at no cost to the client;

e. Notifying that materials are available in alternative format (Braille, large print and/or audio cassette) in a reasonable time upon request;

f. Notifying customary referral sources that services are provided in nondiscriminatory manner.

4. Communicating with Persons with Limited English Proficiency or Sensory Impairments

All AAAs and their contractors, as applicable shall:

1. Establish and implement written procedures for effective communication with persons who have sensory impairments or who are limited-English speaking, (are of limited-English proficiency) including the provision of spoken language and/or sign language interpretation and other communication-facilitating auxiliary aids, in the provision of services to clients and at meetings of planning advisory, and policy boards. These policies are to be developed in consultation with members of these groups or with individuals representing these groups;

2. Inform public contact staff and board members of such procedures;

3. Comply with Limited English Proficient Persons policies outlined in Chapter 15 of the Long

Term Care Manual.

All agencies even with fewer than 15 must follow this section. Where subcontractors of AAAs have less than 15 employees, AAAs may assist their subcontractors in providing auxiliary aids by pooling subcontractor resources, sharing arrangements, or other methods to mitigate costs for smaller contractors.

4. Complaint Policy and Procedure:

A. Policy

Any person who believes he/she, or any specific class of persons, is subjected to discrimination may, or by a representative, file a written complaint. The time period for filing a compliant is no more than 180 days from the date of the alleged discrimination act(s). No person who has filed a complaint, testified, assisted, or participated in any manner in the investigation of any complaint, shall be intimidated, threatened, coerced, or discriminated against.

B. Where to File a Complaint

In accordance with state and federal laws, clients or employees of an Area Agency on Aging who believe they have been discriminated against under any of the above mentioned laws may file a complaint of discrimination with the Area Agency on Aging and/or DSHS, Aging and Disability Services Administration:

- Each Area Agency on Aging has an internal complaint resolution/grievance procedure that outlines how clients and employees can have complaints addressed by the agency. The informal internal process may not stop the countdown on the 180 days in which a complaint is to be filed with external agencies. The client or employee with a complaint is to check with individual external agencies as the timeframes in which complaints can be filed may vary from agency to agency.
- DSHS, Aging and Disability Services Administration by mail at P.O. Box 45600, Olympia WA 98504-5600 or by telephone at 1-800- 422-3263

In addition to filing a complaint internally with the Area Agency on Aging and/or DSHS, clients and employees who have a complaint of discrimination may also contact the following agencies:

- Department of Social & Health Services, Office of Equal Opportunity at 1-800-521-8060 or TDD at 1-800-521-8061
- Equal Employment Opportunity Commission field office by calling toll free (800) 669-4000. For individuals with hearing impairments, EEOC's toll free TDD number is (800) 800-3302.
- Washington State Human Rights Commission toll-free to Olympia at 1-800-233-3247; toll-free to Eastern Washington 180—662-2755
- U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019; TDD is 1-800-537-7697
- U.S. Department of Labor at (206) 553-7182

- U.S. Department of Justice at 1-800-514-0301

If a complaint is filed against a AAA or one of its subcontractors, it is the responsibility of the AAA to inform ADSA of the complaint. Notification is to be through the AAAs State Unit on Aging assigned liaison.

5. Recruitment and Employment Practices

ADSA, AAAs and subcontractors shall establish measures to assure that recruitment and employment practices do not discriminate on the basis of race, color, creed, national origin, religion, sex, age or the presence of sensory, mental or physical disability or use of a trained dog guide or service animal by a person with a disability. This will be accomplished by, but not limited to:

a. Compliance with the Affirmative Action Plan with regard to employment and personnel matters. Initiative 200 does not apply to programs that receive federal funding;

b. Employment of persons who are adequately trained and skilled to communicate and effectively assist clients which would include:

    i. The employment, in all service delivery positions, of representative number of appropriate bilingual and/or bicultural staff to meet the needs of the potential clientele of a particular national origin or race;

    ii. The employment, in all service delivery positions, of representative number of appropriate persons with disabilities to meet the unique needs of clients who are persons with disabilities;

    iii. The employment, in all service delivery positions, of representative number of appropriate individuals aged 60 or older to meet the needs of older clients

c. Assuring that educational and training opportunities are provided in a nondiscriminatory manner;

d. Monitoring contractors and subcontractors for nondiscrimination in employment and recruitment practices.

If a substantial number of the older individuals residing in a planning and service area are of limited English proficiency, the Area Agency on Aging shall designate an individual employed by the AAA, or available to the AAA on a full-time basis, whose responsibilities will include: taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English proficiency in order to assist such older individuals in participating in programs and receiving assistance under the Older Americans Act; and providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

6. Planning, Advisory and Policy Boards

ADSA, AAAs and subcontractors are to assure that protected group members will participate as volunteers and as members of planning, advisory, and policy boards that are integral parts of their programs.

7. Section 504 and ADA Coordinators

Both Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990 require that coordinators be appointed. Coordinators are responsible for overseeing the compliance with the laws prohibiting discrimination against people with disabilities. Compliance areas they should oversee are:

- Administrative review of policies;
- Hiring practices and procedures;
- Job description and qualifications;
- Physical and program accessibility issues such as communication barriers; and
- Self-Evaluation and Transition Plan process.

If the organizational unit is not large enough to have a Section 504 Coordinator (15 or more employees) or an ADA Coordinator (50 or more employees), the Administrator is responsible.

As the requirements of Section 504 and ADA are very similar, it is recommended that the same person be responsible for both. DSHS is required to meet the compliance requirements in all its programs and activities. As part of the Methods of Compliance, DSHS requires all programs and contractors to complete Self-Evaluations and prepare Transition Plans.

Self-Evaluations and Transition Plans must be available for review by DSHS. AAAs are to periodically review and update them when organizational and/or facility changes or alterations are made.

Section 504 specifically requires that the evaluation be done with the assistance of people with disabilities. The ADA advises that people with disabilities are consulted. DSHS requires consultation and assistance from people with disabilities. As most of the physical and communications barriers have to do with impairment of mobility, sight, hearing and speech, representatives from these groups are recommended.

8. Data Collection

AAAs and their subcontractors are required to collect and maintain civil rights information on programs, staff and advisory council to show the extent to which “protected group” persons are participating. Protected groups for which data collection is required are:

a. Blacks/African Americans
b. Hispanics/ Mexicans, Cubans, Latin Americans
c. Native Americans
d. Asian and Pacific Islanders
e. People with Disabilities
f. Sex
g. Age (40 and over)
h. Disabled Veterans
i. Vietnam Era Veterans

Data collection is required for primary language/English speaking proficiency of clients and bilingual ability of employees.

Statistical information of the above "protected groups" shall include:

a. Potential participation in programs (to be filed at AAA level);

b. Actual participation in programs (to be retained at service provider level)*;

c. Staffing pattern or utilization (ADSA, AAA's and subcontractors will retain information regarding their own staff);*

d. Membership on Advisory Councils (ADSA, AAA's and subcontractors will retain information regarding their own advisory councils)*;

e. Number and nature of discriminatory complaints filed (copies of all complaints are to be forwarded to ADSA);

f. Number of limited or non-English speaking clients (or who are of limited-English proficiency) (to be retained at subcontractor level) *;

g. Number of staff skilled in bilingual and sign language communication (ADSA, AAA's and subcontractors will retain information regarding their own staff)*.

ADSA, AAA's and subcontractors shall make available to the Office for Civil Rights, HHS, all data and information necessary to determine compliance with civil rights laws and this Nondiscrimination Plan.

*AAAs may require this information to be sent to them by their subcontractors.

Several methods of data collection can be used. When requested it shall be clear to the client, employee or applicant that:

- The information is for the purpose of civil rights requirements;
- The furnishing of the information is entirely voluntary;
- The refusal to furnish the data shall not have adverse effects;
- There may be some situations where such information **must be obtained to comply with eligibility criteria** for a particular program. When this occurs it shall be fully explained to the applicant that it is part of the eligibility criteria;

When requesting information for data collection it shall be explained to the applicant, client or employee that:

- Data obtained through benefits or employment applications shall be collected on separate or detachable portion of the application. This data and any computerized form of the data shall be kept separate from personnel and case files; and
- Data shall be available only on a need to know basis (affirmative action personnel, discrimination complaint investigators, etc). and distributed only in the aggregate for other uses.

9. Monitoring Service Delivery

ADSA, AAAs and subcontractors shall have procedures for monitoring all aspects of their operations to assure no policy or practice is, or has the effect of, discriminating against beneficiaries or other participants on the grounds of race, color, creed, national origin, religion, sex, age, presence of any sensory, mental or physical disability or use of a trained dog guide or service animal by a person with a disability. The monitoring procedures shall include, but not be limited to, such areas as:

a. Location of offices and facilities and compliance with physical access requirements of the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act;
b. Manner of assignments of applicants/clients to staff;
c. Dissemination of program information;
d. Criteria for acceptance into the agency's programs
e. Referral of clients to other agencies and facilities;
f. Referral sources;
g. Tests, if applicable;
h. Utilization of minority, women and contractors with disabilities;
i. Use of volunteers, consultants, etc.;
j. Provision of services;
k. Records;
l. Number of individuals with disabilities, members of racial/ethnic groups and persons over age 60 serving on planning, advisory, policy boards and direct service staff;
m. Program and physical accessibility to persons with disabilities
n. Accommodations and human and auxiliary aides for persons with impaired sensory, mental or speaking skills;
o. Obtaining signed methods of assurance of compliance with non-discrimination requirements;
p. Written assurances of compliance with Title VI, and with Section 504 of the Rehabilitation Act, and the Age Discrimination Act;
q. Display of nondiscrimination poster (including notification of discrimination complaint procedure) in prominent locations;
r. Statistical information by race/national origin, language, and disabling condition, including:
    - Potential participation in programs based on demographics of the planning and service area;
    - Actual participation in programs;
    - Staffing pattern or utilization;
    - Membership in advisory councils, planning and policy boards;
    - Number and nature of discrimination complaints filed;
    - Number of limited or non-English speaking clients (Who are of limited-English proficiency);
    - Number of staff skilled in bilingual and sign language communication;

10. Program Accessibility

ADSA, its AAA's, and subcontractors shall assure that no person with a disability shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any of their programs because the facilities are inaccessible to, or unusable by persons with disabilities. (Refer to Section 504 of the Rehabilitation Act and Title II of The Americans with Disabilities Act.)

11. Corrective Requirements

ADSA shall take corrective action to overcome the effects of discrimination in instances where the ADSA, AAA's or subcontractors have discriminated against persons on the ground of race, color, creed, national origin, religion, sex, age, presence of any sensory, mental or physical disability or use of a trained dog guide or service animal by a person with a disability. In the absence of such discrimination, ADSA may take affirmative action to overcome the effect of conditions which resulted in limiting participation.

12. Noncompliance

Any contractor or subcontractor which refuses to furnish assurances of nondiscrimination or fails to comply with state or federal laws as outlined in the policy herein must be refused federal or state financial assistance. Such action, however, will be taken after an opportunity for a review before the appropriate officials and after a reasonable amount of time has been provided to comply with the policy. All incidences of noncompliance will be forwarded to the appropriate state and federal agencies, in a timely manner.

Section III Affirmative Action Plans

A. Who is required to have an Affirmative Action Plan?

AAAs and their contractors who meet the following criteria are required to have a written Affirmative Action Plan:

1. Those contractors with 50 or more employees; and
2. $50,000 annually in state and/or federal funds (includes services, equipment use, space use, etc).

B. Affirmative Action Plan Guidelines

Affirmative Action Plans are to include the following:

I. Development or Affirmation of the Policy
II. Statement of Responsibilities
III. System for Internal and External Dissemination of the Policy Statement
IV. Numerical Review and Analysis
V. Job Description
VI. Identification of Problem Areas
VII. Numerical Goals and Timetables
VIII. Internal Evaluation, Audit and Monitoring System
IX. Complaint Procedure
X. Supportive Systems

AAA Locations

Exhibit 11—AAA's & Map of PSA's